



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

EVENT DIRECTORS INSURANCE APPLICATION

(This policy does NOT provide event General Liability coverage. Applicant's event must be sanctioned through a national governing body / amateur sport association or specifically underwritten by Philadelphia Indemnity Insurance Company)

Applicant's completion of this application form does not guarantee coverage. The insurance company reserves the right to decline any request for coverage. Please note that certain operations are not eligible for coverage through this program, while other exposures will require that coverage be subject to individual underwriting and standard program coverage and rates may not apply. Please refer to the Event Directors Insurance Program Overview for more details.

TO AVOID PROCESSING DELAYS, PLEASE:

- 1. Print legibly and complete all sections of the enrollment / application form.
2. Sign and date where required. A real signature is mandated - typed signatures are not acceptable
3. Submit the completed form by email (sports@epicbrokers.com) or by fax (678-324-3303)

GENERAL INFORMATION

Named Insured (as it should appear on the policy):
(The legal name of the business / 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: Phone:
Cell: Fax:
Email: Website: www.
Risk Management Contact: Risk Management's Phone:
Risk Management Email:

SECTION I - SCHEDULE OF LOCATIONS

LOCATIONS: List physical addresses for main office location (if different than address shown above) and any of the Applicant's other owned or leased locations. P.O. Boxes cannot be accepted.

Location 1

Mailing address:
City: State: Zip:

Location 2

Mailing address:
City: State: Zip:

*Attach additional page if more locations need to be reported.

SECTION II - KNOWN LOSSES

- 1. Has the Applicant had any known or reported losses during the past 4 years? Yes No
If yes, please provide details and currently valued carrier loss runs.
*If the insured has any owned autos, forward currently valued carrier loss runs.

SECTION III - GENERAL LIABILITY EXPOSURE INFORMATION

- 1. How many events does the Applicant organize and operate each year?
(Please complete the Events section in the Supplemental Application for the Applicant's events)
- 2. Does the Applicant sanction its events through a National Governing Body or Amateur Sports Association? Yes No
- 3. Does the Applicant organize or operate any sporting events that are not sanctioned? Yes No
- 4. What are the annual gross receipts (i.e. gross revenues) for the Applicant's business? \$
(Note: If the Applicant's gross receipts are over \$2,000,000 than the Applicant's coverage will be subject to individual underwriting review and the standard program coverage and rates may not apply.)
- 5. What are the Applicant's estimated annual gross receipts? \$
- 6. Does the Applicant use sub-contractors in the course of its business? Yes No
If yes, please answer the following questions:
 - a. Does the Applicant utilize standard written contracts with all of its subcontractors? Yes No
 - b. Does the Applicant require sub-contractors to provide them with a certificate of insurance? Yes No
 - c. Does the Applicant require sub-contractors to include them as an Additional Insured? Yes No
- 7. Does the Applicant have employees? Yes No
If yes, how many employees does the Applicant have?
- 8. Does the Applicant ever serve as an independent contractor working for another Event Director? Yes No
If yes, please explain:

SECTION IV - ABUSE

- 1. Does the Applicant's employment application(s) for all employees, volunteers and independent contractors include verification of whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses? Yes No
Comments:

- 2. Does the Applicant perform criminal background checks for all of their direct employees, volunteers and independent contractors? Yes No
Comments:

- 3. Does the Applicant conduct documented sexual abuse awareness training for all of their direct employees, volunteers and independent contractors? Yes No
Comments:

- 4. Does the Applicant have formal sexual abuse reporting procedures in place for all participants, employees, volunteers and independent contractors? Yes No
- 5. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? Yes No
If yes, please provide details:

SECTION V - AUTO LIABILITY & PHYSICAL DAMAGE EXPOSURE INFORMATION

Hired or Non-owned Autos

1. Does the Applicant rent or borrow vehicles in connection with its business or events? Yes No
 If yes, please answer the following questions:
 a. How much does the Applicant spend annually to rent vehicles (i.e. cost of hire)? \$ Yes No
 b. Does the Applicant rent any vehicles for a period of 90 days or more? * Yes No
 c. Please provide maximum value of any hired or rented auto? \$ Yes No
**If the Applicant rents any vehicles for 90 days or more, these vehicles should be shown in Section X Auto Information section of this application form. Coverage for long-term rentals will be subject to individual underwriting and rates.*

Owned or Leased Autos

1. Does the Applicant have any owned or leased vehicles registered in the name of its business? Yes No
 2. Does the Applicant need Auto insurance coverage for owned or leased vehicles? Yes No
 If yes, please complete Section X Auto Information section of this application form.
Coverage for owned or leased vehicles is subject to individual underwriting and rates.

Miscellaneous Auto Questions:

1. Does the Applicant supply vehicles to others for use in connection with its business or events? * Yes No
**If yes, we recommend that Motor Vehicle Record (MVR) checks be performed on all drivers.*
 2. Does the Applicant provide transportation for event participants? Yes No
 3. Does the Applicant use 15 passenger vans in connection with its business or events? Yes No
 If yes, does the Applicant pull trailers or top load the vans when transporting passengers? Yes No

**SECTION VI - STANDARD PROGRAM COVERAGES
(GENERAL LIABILITY AND AUTO)**

***APPLICABLE STATE TAXES AND FEES AND SURPLUS LINES TAXES AND FEES APPLY
IN ADDITION TO THE PREMIUMS REFERENCED BELOW**

General Liability and Auto coverage (for hired and non-owned autos) are automatically included. Please refer to the Program Summary for more details of the coverage.

Commercial General Liability Coverage	Limits
Each Occurrence	\$1,000,000
General Aggregate (other than Products-completed Operations)	\$2,000,000
Products-completed Operations Aggregate	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Damage to Premises Rented to the Applicant	\$1,000,000
Medical Expense (excluding athletic participants)	\$5,000

Auto Coverage (for Hired & Non-owned Autos only)	Limits
Auto Liability (Combined Single Limit Each Accident for Bodily Injury & Property Damage)	\$1,000,000
Auto Physical Damage (for Hired Autos only) Comprehensive Deductible \$100 Each Loss Collision Deductible \$1,000 Each Loss	Cost of Repair or Replacement, whichever is less, minus the deductible

Standard Program Premium Rates

1. Please select the corresponding premium based upon the Applicant's Estimated Receipts.*

Commercial General Liability Coverage	General Liability Premium Cost
Estimated Receipts*	
\$0 - \$100,000	\$1,500.00
\$100,001 - \$250,000	\$2,600.00
\$250,001 - \$500,000	\$3,600.00
\$500,001 - \$1,000,000	\$4,450.00
\$1,000,001 - \$2,000,000	\$5,400.00
\$2,000,001 +	Referral to Philadelphia for underwriting review

Auto (for Hired & Non-owned Autos only)	Auto Premium Cost
Auto Liability (for Hired & Non-owned Autos only)	\$400.00
Auto Physical Damage (for Hired Autos only)	Note: Automatically Included as part of the program.
Auto Liability & Auto Physical Damage coverage (for Owned or Leased Autos)	Referral to Philadelphia for underwriting review

NOTES: *The Estimated Gross Receipts should reflect the insured's estimated annual revenues. Please refer to the Applicant's answer in Question 4, Section III.

**SECTION VII - OPTIONAL PROGRAM COVERAGES
(EXCESS LIABILITY AND INLAND MARINE PROPERTY)**

***APPLICABLE STATE TAXES AND FEES AND SURPLUS LINES TAXES AND FEES APPLY
IN ADDITION TO THE PREMIUMS REFERENCED BELOW**

1. Does the Applicant want Excess Liability coverage (above its General Liability and Auto Liability)?* Yes No
If yes, please select the desired limit below:

Excess Liability (Optional Coverage) Limit Options	Premium Cost
\$1,000,000	\$1,200.00
\$2,000,000	\$2,100.00
\$3,000,000	\$2,700.00

* Excess Liability coverage will follow form of the underlying General Liability and Auto Liability policies.

Inland Marine Property Coverage (Optional Coverage)

1. Does the Applicant need coverage for owned Business Personal Property (i.e. owned equipment)? Yes No
If yes, please provide replacement cost values below.
2. Does the Applicant rent equipment or borrow equipment from others? Yes No
If yes, please provide replacement cost values below.
3. Does the Applicant rent equipment to others for use? Yes No

Provide TOTAL replacement cost values for each of the categories below:*

*Please attach separate list of any individual items with value over \$10,000.

	Replacement Cost Value
Business Personal Property (i.e. owned equipment)	\$
Property of Others (i.e. rental equipment; borrowed equipment)	\$
Total Inland Marine Replacement Cost Value (add all lines above)	\$

CALCULATE PREMIUM (Inland Marine Property Premium):

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

Use the following calculation:

$$(\$.010 \times \$ \text{Total Replacement Cost Value}) = \$ \text{Total Inland Marine Premium } (\$100.00 \text{ minimum premium applies})$$

SECTION VIII - CERTIFICATE OF INSURANCE REQUEST FORM

Complete this form to request certificates of insurance. Provide separate forms for each certificate request

Event Director Name:
Telephone:

Email:
Fax:

Date Certificate needed by:

Certificate Holder Information

Certification Holder's Name:
Mailing Address:
City:

State:

Zip:

Certificate Holder's relationship to Event Director (check all that apply):

Owner / manager / lessor of premises Lessor of Equipment
Mortgagee Franchisor
Sponsor Co-promoter
Loss Payee (with respect to: and Limit: \$)
Other (please describe):

Lines of Coverage needed to be shown on Certificate (check all that apply):

Commercial General Liability
Auto Liability
Auto Liability & Auto Physical Damage
Property (Business Personal Property)
Property (Building)

Type of Certificate requested:

Additional insured
Evidence of Coverage
Loss Payee (applicable only to Auto Physical Damage or Property coverage)

Special Certificate Wording Needed?

Yes No

If yes, please explain / attached:

Event / Activity Information (if applicable)

Event / Activity Dates: to
Event / Activity Name (if applicable):
Event / Activity Location / Address:
Event / Activity Description:

SECTION IX - EVENT INFORMATION

EVENT SCHEDULE (please attach as many pages as necessary to list all events)

Event #: Event Name: Event Location: Event / Activity Description: Estimated Event Revenues: \$	Event Date(s): # of Event Participants:		
Is this Event sanctioned through a National Governing Body or Association?		Yes	No
If sanctioned, please provide the name of the sanctioning body:			
If sanctioning is <u>not</u> available, does the Applicant want a quote for event General Liability coverage? *		Yes	No
*Additional underwriting information / applications may be required to obtain a quote.			
Event #: Event Name: Event Location: Event / Activity Description: Estimated Event Revenues: \$	Event Date(s): # of Event Participants:		
Is this Event sanctioned through a National Governing Body or Association?		Yes	No
If sanctioned, please provide the name of the sanctioning body:			
If sanctioning is <u>not</u> available, does the Applicant want a quote for event General Liability coverage? *		Yes	No
*Additional underwriting information / applications may be required to obtain a quote.			
Event #: Event Name: Event Location: Event / Activity Description: Estimated Event Revenues: \$	Event Date(s): # of Event Participants:		
Is this Event sanctioned through a National Governing Body or Association?		Yes	No
If sanctioned, please provide the name of the sanctioning body:			
If sanctioning is <u>not</u> available, does the Applicant want a quote for event General Liability coverage? *		Yes	No
*Additional underwriting information / applications may be required to obtain a quote.			
Event #: Event Name: Event Location: Event / Activity Description: Estimated Event Revenues: \$	Event Date(s): # of Event Participants:		
Is this Event sanctioned through a National Governing Body or Association?		Yes	No
If sanctioned, please provide the name of the sanctioning body:			
If sanctioning is <u>not</u> available, does the Applicant want a quote for event General Liability coverage? *		Yes	No
*Additional underwriting information / applications may be required to obtain a quote.			

SECTION X - AUTO INFORMATION

AUTO SCHEDULE (please attach as many pages as necessary to list all owned or leased vehicles)

Vehicle #:									
Type of Vehicle:	Private Passenger Auto			Light Truck / SUV			Other:		
Year:	Make:			Model:					
VIN Number:	Cost New: \$			Owned			Leased		
Garage Location Address:									
City:						State:		Zip:	
Name of Primary Driver:									
First Name			Middle Name			Last Name			
Number of years of Driving Experience:									
Driver's License #:			License State:			MVR Checked?		Yes	No

Vehicle #:									
Type of Vehicle:	Private Passenger Auto			Light Truck / SUV			Other:		
Year:	Make:			Model:					
VIN Number:	Cost New: \$			Owned			Leased		
Garage Location Address:									
City:						State:		Zip:	
Name of Primary Driver:									
First Name			Middle Name			Last Name			
Number of years of Driving Experience:									
Driver's License #:			License State:			MVR Checked?		Yes	No

Vehicle #:									
Type of Vehicle:	Private Passenger Auto			Light Truck / SUV			Other:		
Year:	Make:			Model:					
VIN Number:	Cost New: \$			Owned			Leased		
Garage Location Address:									
City:						State:		Zip:	
Name of Primary Driver:									
First Name			Middle Name			Last Name			
Number of years of Driving Experience:									
Driver's License #:			License State:			MVR Checked?		Yes	No

Vehicle #:									
Type of Vehicle:	Private Passenger Auto			Light Truck / SUV			Other:		
Year:	Make:			Model:					
VIN Number:	Cost New: \$			Owned			Leased		
Garage Location Address:									
City:						State:		Zip:	
Name of Primary Driver:									
First Name			Middle Name			Last Name			
Number of years of Driving Experience:									
Driver's License #:			License State:			MVR Checked?		Yes	No

Vehicle #:									
Type of Vehicle:	Private Passenger Auto			Light Truck / SUV			Other:		
Year:	Make:			Model:					
VIN Number:	Cost New: \$			Owned			Leased		
Garage Location Address:									
City:						State:		Zip:	
Name of Primary Driver:									
First Name			Middle Name			Last Name			
Number of years of Driving Experience:									
Driver's License #:			License State:			MVR Checked?		Yes	No

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

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 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN NEW YORK: 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 SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

PRODUCER LICENSE NUMBER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

