

PROGRAM DESCRIPTION

This program has been designed for the concessionaires, vendors and exhibitors who are selling, displaying, demonstrating or promoting their products or services, on a short term basis, at special events, malls, shopping centers, tradeshows, consumer shows or a location that is away from any owned or long term leased premises. The insured operations can be conducted from a kiosk, booth, cart, trailer, tent or an outdoor area.

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

INELIGIBLE OPERATIONS

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

- Alcoholic beverage sales
- Animals
- Auto parts (mechanical)
- Body piercing or permanent tattooing
- Christmas tree retail lots
- Cleaning accessories & products - homemade
- E-commerce selling
- Fire safety equipment
- Fireworks sales & displays
- Haunted attractions
- Health & beauty products - homemade
- Hot wax impressions
- Mazes (corn, hay, fence)
- Medical testing
- Motorsports activities
- Nutritional or health supplements (selling)
- On-site installation, service or repair of products
- On-site equipment sales & rental
- Oxygen or aromatherapy bars
- Photographers (unless for a single home-based wedding photographer)
- Protective equipment or apparel
- Storefront operations
- Tobacco products
- Toys (for ages 4 and under)
- Vehicles in motion
- Watercraft exhibits on water
- Weapon sales
- Weight loss plans or products (selling)
- Wholesale business operations

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.

ELIGIBLE OPERATIONS

- Antiques & collectibles
- Apparel & accessories
- Arts & crafts
- Auto/vehicle accessories (non-mechanical)
- Candles
- Celebrity appearances
- Cleaning accessories & products (commercially manufactured)
- Exercise equipment
- Floral
- Food, drink or produce sales
- Game trailers
- Gift wrap booths
- Hardware sales
- Health & beauty products (commercially manufactured)
- Home based wedding vendors (caterers, DJs, florists, ice sculptors, decorators, photographers/videographers)
- Kitchen or cookware accessories or appliances
- Lawn & garden equipment
- Literature distribution
- Micro reality race tracks
- Motorized equipment – static display
- Product demonstrations
- Product or service displays
- Souvenir sales
- Sports or camping equipment
- Toys (for ages 5 and over)
- Vehicle/boat display - static only

FOUR EASY WAYS TO ENROLL FOR COVERAGE



WEB For information and applications, visit us on-line at www.shoffdarby.com

OR

Submit this enrollment form, with payment, to Shoff Darby



E-MAIL steeves@shoffdarby.com



FAX 1-203-268-0687



MAIL Shoff Darby Companies, Inc.
100 Technology Drive, Suite 200
Trumbull, CT 06611



QUESTIONS Call **1-800-840-7762**

EXCLUSIONS

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

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| <ul style="list-style-type: none"> • Abuse, molestation, harassment or sexual conduct • All operations listed as ineligible • Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks-does not apply to structures | <p style="text-align: center;">that are not designed to bounce on, slide on, ride on or tunnel through)</p> <ul style="list-style-type: none"> • Animals (injury or death to any animal or injury, death, or property damage caused by your animal) • Asbestos | <ul style="list-style-type: none"> • Employment-related practices • Fireworks • Fungi or bacteria • Lead • Nuclear energy liability |
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Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
Commercial General Liability (CGL):	Limits	Limits	Limits	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
General Aggregate (other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Premiums (based on single unit or 100 sq. ft. space) See page 5 for additional options for multiple units or space exceeding 100 sq. ft.					
Single event coverage (event must be one month or less)	\$ 153.00	\$ 230.00	\$ 480.00	\$ 730.00	\$ 980.00
3 consecutive months coverage	\$ 383.00	\$ 575.00	\$ 825.00	\$ 1,075.00	\$ 1,325.00
6 consecutive months coverage	\$ 610.00	\$ 915.00	\$ 1,165.00	\$ 1,415.00	\$ 1,665.00
Annual Coverage	\$ 1,046.00	\$ 1,569.00	\$ 1,831.00	\$ 2,081.00	\$ 2,331.00

Commercial General Liability – 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.

OPTIONAL COVERAGE AVAILABLE

Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your vendor inventory, supply inventory, trailers, equipment and portable storage units due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact us to have your insured value amended to avoid a co-insurance penalty.

Coverage Conditions:

1. This coverage is not available in New Jersey.
2. Coverage is not available on a stand-alone basis. You must have six month or annual commercial general liability coverage for your concession, exhibitor or vendor business with our Concessionaires, Exhibitors & Vendors RPG Insurance Program.
3. Coverage cannot be extended to cover fine jewelry and fine arts, non-structural glass and permanent structures such as concession stands or storage units that are not portable.
4. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire one year from the effective date or on the expiration date of your Commercial General Liability policy through the Concessionaires, Exhibitors and Vendors RPG program.

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

FREQUENTLY ASKED QUESTIONS

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

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

2. When should we make our coverage effective?

The effective date is the date you need your insurance to start. If you are renewing annual coverage with us, use the expiration date of your coverage. Coverage will be in effect for the time period selected.

3. Can I apply for coverage over the phone?

Unfortunately, we are unable to take your information over the phone at this time. You can apply for coverage online or by completing an enrollment form and submitting it to us via e-mail, fax or mail.

4. What is a general aggregate?

The general aggregate is the maximum amount to be paid out in any policy period for all losses.

5. I have been asked by the event where I am exhibiting to add them as an additional insured to my policy. What does this mean?

An additional insured is an entity which has an insurable interest for claims arising out of your negligence as the named insured. Such possible entities are the landlord or sponsor. By providing an entity additional insured status, they are now entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You may request an additional insured in the appropriate section of the enrollment form. Please remember to provide the complete name, address and relationship to you. Additional insured requests must be made in writing.

6. If we need to request another certificate of insurance for a specific event that we are attending, how do we do this?

A written request from the insured is required. There is a certificate request form that will be sent with your original coverage documents that can either be faxed, mailed or e-mailed to us. Please allow adequate time for processing.

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

The equipment and contents coverage available within this program contains a 100% coinsurance clause. With a 100% coinsurance clause, you are agreeing to accept a penalty if a covered loss occurs and all of your equipment and contents are not insured to their replacement cost value. For this reason, it is vital that the values of your equipment and contents be accurately reported and updated annually to reflect inflation and other increases in cost. If they are undervalued, a coinsurance penalty may be applied at the time of a loss. The penalty equals the difference between the amount of the loss and the amount actually paid by the carrier.

The simple formula used to arrive at the amount to be paid by the carrier is as follows:

“Did” / “Should” x Loss Amount – Deductible = Amount Paid

“Did” = the amount of coverage you did purchase
“Should” = the replacement value of your equipment and contents that you should have insured

8. What does the term “replacement cost” value mean with regards to equipment and contents coverage?

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

9. 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: Shoff Darby Companies, Inc., 100 Technology Drive, Suite 200, Trumbull, CT 06611.

Shoff Darby Enrollment Form - Concessionaires, Exhibitors & Vendors

Companies, Inc. Valid for effective dates from 2/1/12 through 1/31/13

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 4-9) with payment**

GENERAL INFORMATION	<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): _____ (For the "Named Insured" use your name if you operate as a sole proprietor, or your legal business name if you operate as a corporation or LLC.)	
	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: _____	

DATES	Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy).
	<input type="radio"/> Start my coverage on this date: ____ / ____ / ____

BUSINESS INFORMATION	Please provide a description of the type of product being sold or service being provided: _____
	Are all of your operations to be insured within the United States? <input type="radio"/> Yes <input type="radio"/> No
	Please select the coverage period desired: <input type="radio"/> Single Event <input type="radio"/> 3 Months <input type="radio"/> 6 Months <input type="radio"/> Annual
	If seeking annual coverage, do you own, operate or manage a storefront/brick and mortar business? <input type="radio"/> Yes <input type="radio"/> No (Storefront/brick and mortar operations are not eligible for annual coverage. Coverage is only available for a single event (lasting one month or less), 3 months or 6 months policy periods for those exposures that occur away from any of your owned or long term leased premises.)
	Select one of the following that best describes your business operations:
	<input type="radio"/> Food concessionaire or vendor No. of food-selling locations or trailers: _____ (unit)
	<input type="radio"/> Micro reality race tracks No. of micro reality race tracks: _____ (unit)
	<input type="radio"/> Trailer-non food, games or merchandise No. of trailers: _____ (unit)
	<input type="radio"/> Push carts or kiosks No. of push carts/kiosks: _____ (unit)
	<input type="radio"/> Home-based wedding vendor Service being provided: _____ (this type of operation is available only for a single event coverage period)
<input type="radio"/> Tent or outdoor vending area Provide square footage: _____	
<input type="radio"/> Tradeshaw exhibit or booth Provide square footage: _____	
If applying for single event coverage, please provide the following information. Event must be for one month or less.	
Name of event: _____	
Hours of event: _____ A.M./P.M. to _____ A.M./P.M.	
Date(s) of event: (including set-up/tear-down): ____ / ____ / ____ to ____ / ____ / ____	
Location of event (Venue name): _____	
Street address: _____ City: _____ State: _____ Zip: _____	

PROGRAM PREMIUM CALCULATION

Please check the coverage period and premium that is applicable.

OPTION 1 - \$1,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 - 300 Sq. Ft.	4 Units or 301 - 400 Sq. Ft.	5 Units or 401 - 500 Sq. Ft.	6 Units or 501 - 600 Sq. Ft.
Single Event	<input type="radio"/> \$ 153.00	<input type="radio"/> \$ 230.00	<input type="radio"/> \$ 269.00	<input type="radio"/> \$ 308.00	<input type="radio"/> \$ 347.00	<input type="radio"/> \$ 386.00
3 Months	<input type="radio"/> \$ 383.00	<input type="radio"/> \$ 575.00	<input type="radio"/> \$ 671.00	<input type="radio"/> \$ 767.00	<input type="radio"/> \$ 863.00	<input type="radio"/> \$ 959.00
6 Months	<input type="radio"/> \$ 610.00	<input type="radio"/> \$ 915.00	<input type="radio"/> \$1,068.00	<input type="radio"/> \$1,221.00	<input type="radio"/> \$1,374.00	<input type="radio"/> \$1,527.00
Annual	<input type="radio"/> \$1,046.00	<input type="radio"/> \$1,569.00	<input type="radio"/> \$1,831.00	<input type="radio"/> \$2,093.00	<input type="radio"/> \$2,355.00	<input type="radio"/> \$2,617.00
OPTION 2 - \$2,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 - 300 Sq. Ft.	4 Units or 301 - 400 Sq. Ft.	5 Units or 401 - 500 Sq. Ft.	6 Units or 501 - 600 Sq. Ft.
Single Event	<input type="radio"/> \$ 230.00	<input type="radio"/> \$ 345.00	<input type="radio"/> \$ 404.00	<input type="radio"/> \$463.00	<input type="radio"/> \$ 522.00	<input type="radio"/> \$ 581.00
3 Months	<input type="radio"/> \$ 575.00	<input type="radio"/> \$ 863.00	<input type="radio"/> \$1,007.00	<input type="radio"/> \$1,151.00	<input type="radio"/> \$1,295.00	<input type="radio"/> \$1,439.00
6 Months	<input type="radio"/> \$ 915.00	<input type="radio"/> \$1,373.00	<input type="radio"/> \$1,603.00	<input type="radio"/> \$1,833.00	<input type="radio"/> \$2,063.00	<input type="radio"/> \$2,293.00
Annual	<input type="radio"/> \$1,569.00	<input type="radio"/> \$2,354.00	<input type="radio"/> \$2,747.00	<input type="radio"/> \$3,140.00	<input type="radio"/> \$3,533.00	<input type="radio"/> \$3,926.00
OPTION 3 - \$3,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 - 300 Sq. Ft.	4 Units or 301 - 400 Sq. Ft.	5 Units or 401 - 500 Sq. Ft.	6 Units or 501 - 600 Sq. Ft.
Single Event	<input type="radio"/> \$ 480.00	<input type="radio"/> \$ 595.00	<input type="radio"/> \$ 654.00	<input type="radio"/> \$ 713.00	<input type="radio"/> \$ 772.00	<input type="radio"/> \$ 831.00
3 Months	<input type="radio"/> \$ 825.00	<input type="radio"/> \$1,113.00	<input type="radio"/> \$1,257.00	<input type="radio"/> \$1,401.00	<input type="radio"/> \$1,545.00	<input type="radio"/> \$1,689.00
6 Months	<input type="radio"/> \$1,165.00	<input type="radio"/> \$1,623.00	<input type="radio"/> \$1,869.00	<input type="radio"/> \$2,137.00	<input type="radio"/> \$2,405.00	<input type="radio"/> \$2,672.00
Annual	<input type="radio"/> \$1,831.00	<input type="radio"/> \$2,746.00	<input type="radio"/> \$3,205.00	<input type="radio"/> \$3,664.00	<input type="radio"/> \$4,123.00	<input type="radio"/> \$4,582.00
OPTION 4 - \$4,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 - 300 Sq. Ft.	4 Units or 301 - 400 Sq. Ft.	5 Units or 401 - 500 Sq. Ft.	6 Units or 501 - 600 Sq. Ft.
Single Event	<input type="radio"/> \$ 730.00	<input type="radio"/> \$ 845.00	<input type="radio"/> \$ 904.00	<input type="radio"/> \$ 963.00	<input type="radio"/> \$1,022.00	<input type="radio"/> \$1,081.00
3 Months	<input type="radio"/> \$1,075.00	<input type="radio"/> \$1,363.00	<input type="radio"/> \$1,507.00	<input type="radio"/> \$1,651.00	<input type="radio"/> \$1,795.00	<input type="radio"/> \$1,939.00
6 Months	<input type="radio"/> \$1,415.00	<input type="radio"/> \$1,873.00	<input type="radio"/> \$2,119.00	<input type="radio"/> \$2,387.00	<input type="radio"/> \$2,655.00	<input type="radio"/> \$2,923.00
Annual	<input type="radio"/> \$2,081.00	<input type="radio"/> \$2,996.00	<input type="radio"/> \$3,479.00	<input type="radio"/> \$3,977.00	<input type="radio"/> \$4,475.00	<input type="radio"/> \$4,973.00
OPTION 5 - \$5,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 - 300 Sq. Ft.	4 Units or 301 - 400 Sq. Ft.	5 Units or 401 - 500 Sq. Ft.	6 Units or 501 - 600 Sq. Ft.
Single Event	<input type="radio"/> \$ 980.00	<input type="radio"/> \$1,095.00	<input type="radio"/> \$1,154.00	<input type="radio"/> \$1,213.00	<input type="radio"/> \$1,272.00	<input type="radio"/> \$1,331.00
3 Months	<input type="radio"/> \$1,325.00	<input type="radio"/> \$1,613.00	<input type="radio"/> \$1,757.00	<input type="radio"/> \$1,901.00	<input type="radio"/> \$2,045.00	<input type="radio"/> \$2,189.00
6 Months	<input type="radio"/> \$1,665.00	<input type="radio"/> \$2,123.00	<input type="radio"/> \$2,369.00	<input type="radio"/> \$2,637.00	<input type="radio"/> \$2,905.00	<input type="radio"/> \$3,173.00
Annual	<input type="radio"/> \$2,331.00	<input type="radio"/> \$3,246.00	<input type="radio"/> \$3,729.00	<input type="radio"/> \$4,227.00	<input type="radio"/> \$4,735.00	<input type="radio"/> \$5,262.00

Contact us for operations with more than 6 units or 600 sq. ft.

Equipment and Contents Coverage - Not Available in New Jersey

This optional coverage is available only with six month or annual commercial general liability coverage.

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

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

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

Provide values for categories below

(DO NOT include those values already shown above)

Vendor inventory (such as items held for sale)	\$ _____
Supply inventory (such as equipment, giveaways, paper goods)	\$ _____
Trailer equipment, excluding products (such as trailers, signs, concession equipment, refrigerators, cooking equipment, supplies)	\$ _____
Portable storage units (not permanent structures)	\$ _____
Misc. equipment - please describe: _____	\$ _____

Total replacement value (add all lines above) \$ _____

Step 2: List physical addresses where equipment and contents are stored

P.O. boxes cannot be accepted

Location 1: _____				
Address	City	State	Zip	
Location 2: _____				
Address	City	State	Zip	

Step 3: Calculate premium

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

Equipment and Contents Premium

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

\$.03 x \$ _____	= \$ _____	\$ _____
Total Replacement Value		Equipment and Contents Premium (\$100.00 minimum premium applies)

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

\$.026 x \$ _____	= \$ _____	\$ _____
Total Replacement Value		Equipment and Contents Premium (\$100.00 minimum premium applies)

TOTAL COST SUMMARY	Program Premium (Required Coverage)	\$	(A)
	Equipment and Contents Premium (Optional Coverage)	\$	(B)
	Premium Due - Subtotal (add lines A thru B)	\$	(C)
	FLORIDA APPLICANTS ONLY		
	Florida applicants need to add a 1.3% state mandated Hurricane Catastrophic Fund Assessment fee to the premium due		
	FL Premium Due - Subtotal: Multiply line (C) x 1.013	\$	(D)
Annual Risk Purchasing Group Membership Fee (Required)	\$ 10.00	(E)	
Total Cost Due: Add lines C or D + E	\$		

DOCUMENT DELIVERY	<p>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 issued to the same person. Please select only one option.</p> <p><input type="radio"/> E-mail to: _____ attn: _____ (selecting this option confirms your consent for coverage documents to be delivered via e-mail)</p> <p><input type="radio"/> Fax to: _____ attn: _____</p> <p><input type="radio"/> Mail to: _____ attn: _____</p>
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CERTIFICATE REQUESTS	<p>Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.</p> <p>This certificate is for our:</p> <p><input type="radio"/> Program coverage (commercial general liability) <input type="radio"/> Equipment and contents coverage</p> <p>Check the type of certificate you are requesting:</p> <p><input type="radio"/> Additional insured <input type="radio"/> Evidence of coverage <input type="radio"/> Loss payee</p> <p>Certificate holder information:</p> <p>Entity name: _____</p> <p>Mailing address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Relationship to named insured:</p> <p><input type="radio"/> Owner/lessor of premises <input type="radio"/> Sponsor <input type="radio"/> Co-promoter <input type="radio"/> Mortgagee</p> <p><input type="radio"/> Franchisor <input type="radio"/> Lessor of equipment and contents</p> <p><input type="radio"/> Other (please identify/explain): _____</p> <p>Special certificate language needed (please explain/attach): _____</p> <p>Date certificate needed by: _____ / _____ / _____</p> <p>If applicable:</p> <p>Program Coverage:</p> <p>Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____</p> <p>Hours of event/activity: _____ A.M./P.M. to _____ A.M./P.M.</p> <p>Type of event/activity: _____</p> <p>Name of event/activity: _____</p> <p>Location of event/activity: _____</p> <p>Equipment & Contents Coverage:</p> <p>Description of equipment: _____ Value: _____</p>
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Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

APPLICABLE IN FLORIDA Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

APPLICABLE IN OKLAHOMA WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

PREMIUMS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS.

COVERAGE IS CONTINGENT UPON RECEIPT OF PREMIUM PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL PREMIUM IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.

Check: Please make check payable to Shoff Darby Companies, Inc. Enclosed is check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit card, please complete the following:

VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

Reference number (last 3 digits on back of card): _____ Expiration date: _____

I authorize Shoff Darby Companies, Inc. to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____

READ AND SIGN

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program: Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport (the ownership, operation, maintenance or use of any airfield or airport facility or premises. This exclusion does not apply to concessionaires, exhibitors or vendors selling, displaying, demonstrating or promoting their products or services at any airfield or airport facility or premises); 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 structures that are not designed to bounce on, slide on, ride on or tunnel through); Animals (injury or death to any animal, or injury, death or property damage caused by an animal owned, rented or hired); Asbestos, Commercial general liability standard exclusions (CG 0001 12/04 edition); Employment-related practices; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Performers; Saddle animal; Snowmobile; Those operations listed as ineligible: Alcoholic beverage sales; Animals, Auto parts (mechanical); Body piercing or permanent tattooing; Christmas tree retail lots, Cleaning accessories and products – homemade; E-commerce selling; Fire safety equipment; Fireworks sales and displays, Haunted attractions; Health and beauty products – homemade; Hot wax impressions; Mazes (corn/hay/fence); Medical testing; Motor sports activities; Nutritional or health supplement products(selling); On-site installations, service or repair of products; On-site equipment sales and rental; Oxygen or aromatherapy bars; Photographers (unless for a single event home-based wedding photographer); Protective equipment or apparel; Storefront operations; Tobacco products; Toys (for ages 4 and under); Vehicles in motion; Watercraft exhibits on water; Weapon sales; Weight loss plans or products (selling); Wholesale business operations

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. I understand that my books 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.

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.

Applicant signature: _____ Date: _____

Printed name: _____ Title: _____

FOR OFFICE USE ONLY

Rec: ____/____/____ Status N R Insured #: _____
Option: _____ Premium: \$ _____ Pay Plan: 100
Eff/Exp: ____/____/____ to ____/____/____ Delivery: M F E Date: ____/____/____
Opt: A&M IM D&O Ex WC Opt Form: 2026 2011 2404 8016 8018 876
Policy #: _____ Comments: _____