

Higher liability limits are now available.

PROGRAM DESCRIPTION

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

Please note, this program does not provide liability coverage for the actual events planned, organized, coordinated or arranged by the event planner. For more information regarding our Short Term Special Event Program, please contact us at 1-800-840-7762 or visit our website at www.shoffdarby.com.

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:

- Concert promoters
- Event production companies
- Rental companies
- Talent agencies/companies
- Travel agencies

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

Fee-based professionals or businesses domiciled in the U.S. that plan, organize, coordinate and/or arrange public or private events and social gatherings for others.

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.

- Abuse, molestation, harassment or sexual conduct
- Asbestos
- Nuclear energy liability
- All operations listed as ineligible
- Employment-related practices
- Outside concessionaires and vendors working in conjunction with your business
- Amusement devices (eg: rides, slides, inflatables, bungees, climbing walls or devices, dunk tanks)
- Fireworks
- Fungi or bacteria
- Lead

COVERAGES AND LIMITS

Coverages	Option 1	Option 2
Commercial General Liability (CGL):	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (Other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Rates (based on annual gross receipts)	\$.0050	\$.0075
Minimum Premiums	\$ 500.00	\$ 750.00

* Higher liability limit options available *

Coverage provided under this program includes:

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.

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

OPTIONAL COVERAGE AVAILABLE

Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact Shoff Darby 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 commercial general liability coverage for your operations with Shoff Darby's Event Planner RPG Insurance Program.
3. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Event Planner RPG Insurance Program.
4. Receipt of purchase is required at the time of loss to show verification for any improvements or betterments.

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 coverage with us, use the expiration date of your existing coverage. Coverage will be in effect for one year.

3. What does annual gross receipts mean?

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

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

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

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

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

“Did” = the amount of coverage you did purchase

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

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

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

6. I have been asked by a third party 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. 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 add an entity as an additional insured under the certificate request section of the enrollment form. Please make sure to check the box in the certificate request area noted “additional insured”, and provide their entire name, address and relationship to you.

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

Coverage offered under this program is exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (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 will receive their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization—there are no shared limits of liability with any other members. A copy of the 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 Companies, Inc. Event Planner

Valid for effective dates from 4/1/11 through 3/31/12

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. Shoff Darby reserves 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

Limits above \$2,000,000 are now available.

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): _____ <small>(the legal name of the business or organization; typically the name that would appear on any contracts or agreements)</small>
	Doing business as (DBA): _____ <small>(additional name(s) under which the named insured operates)</small>
	Mailing address: _____
	City: _____ State: _____ Zip: _____
	Contact name: _____ Phone: (_____) _____
	Cell: (_____) _____ Fax: (_____) _____
	E-mail: _____ Website: _____

OFFICE LOCATION	List office location if different from mailing address.
	_____ <small>Street Address City State Zip</small>

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

BUSINESS INFORMATION	1. Describe your event planning business and the types of events you organize: _____ _____
	2. Is a contract executed between you and your clients? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide a copy of the contract that is utilized.
	3. Are subcontractors used? <input type="radio"/> Yes <input type="radio"/> No
	a. Do you require to be listed as an additional insured? <input type="radio"/> Yes <input type="radio"/> No
	b. Do you obtain a certificate of insurance for your records? <input type="radio"/> Yes <input type="radio"/> No
Note: Independent contractors (non-employees) are not covered by this program. You should obtain a certificate of insurance from any subcontractor, naming you as an additional insured.	

BUSINESS INFORMATION CONT.

5. Do you have any employees? Yes No
 If yes, how many? _____
6. Do you sponsor or promote any events? Yes No
 If yes, please explain: _____
7. Are you involved in any other business operations? Yes No
 If yes, please explain: _____

DOCUMENT DELIVERY

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. Additional certificate requests will be issued to the same person. Please select only one option.

- E-mail to: _____ attn: _____
 (selecting this option confirms your consent for coverage documents to be delivered via e-mail)
- Fax to: _____ attn: _____
- Mail to: _____ attn: _____

PROGRAM PREMIUM CALCULATION

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

- Check if a higher liability (CGL) limit is required and indicate limit needed. \$ _____**
 Should the total \$2,000,000 (Option 2) premium be at or below the minimum premium, please refer to page 7 for higher limit options and premium.

Options	Option 1 \$1,000,000 CGL	Option 2 \$2,000,000 CGL
Rates (based on annual gross receipts)	\$.0050	\$.0075
Minimum Premiums	\$ 500.00	\$ 750.00

Option	Rate	X	Annual Gross Receipts	=	Premium	Minimum Premium	Greater of Two Totals = Premium Due
	\$	X	\$	=	\$	\$	\$ (A)

FOR OFFICE USE ONLY

Rec: ___/___/___ Status: N R Broker: Y N Comm: ___%
 Exp Policy #: _____ Exp Dates: ___/___/___ to ___/___/___
 Cert #: _____ Insured #: _____
 Option: _____ Premium: \$ _____ Pay Plan: 100 30/70 25/3 Bill: AB AD CBG
 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 #: _____ Cert #: _____ Comments: _____

Equipment and Contents Coverage (Inland Marine) - This coverage is not available in New Jersey

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

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

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

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

<u>Supplies & Inventory</u> (office supplies, items held for sale)	\$ _____
<u>Equipments & Contents</u> (tables, chairs, table coverings, event supplies, electronics, phone/fax system, office contents, etc.)	\$ _____
<u>Improvements & Betterments</u> (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) Receipt of purchase is required at the time of loss to show verification of purchase.	\$ _____
<u>Signs</u> (indoor or outdoor)	\$ _____
<u>Misc. Equipment</u> - please describe: _____	\$ _____

Total replacement value for all location(s) (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
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Location 2: _____

Address	City	State	Zip
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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	
<input type="radio"/> My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply)	
$\$0.03 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \quad \$ \underline{\hspace{2cm}} \quad (D)$ <p style="text-align: center; margin: 0;">Total Replacement Value Equipment and Contents Premium (\$100.00 minimum premium applies)</p>	
<input type="radio"/> My total replacement value is over \$10,000 (\$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)	
$\$0.026 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \quad \$ \underline{\hspace{2cm}} \quad (D)$ <p style="text-align: center; margin: 0;">Total Replacement Value Equipment and Contents Premium (\$100.00 minimum premium applies)</p>	

TOTAL PREMIUM SUMMARY	Program Premium (from page 5)	(A)
	OPTIONAL LIMITS – Only use this section if purchasing limits of \$3,000,000 or above If no additional limits are needed, skip this section and add the premium amount entered on Line A to line C for your total premium due. If the total \$2,000,000 liability premium (Option 2), which you have entered on line A above, is at or below the minimum premium, \$750 <input type="radio"/> Add \$250.00 for additional \$1,000,000 (\$3,000,000 total liability limit) <input type="radio"/> Add \$500.00 for additional \$2,000,000 (\$4,000,000 total liability limit) <input type="radio"/> Add \$750.00 for additional \$3,000,000 (\$5,000,000 total liability limit)	(B)
	If the total \$2,000,000 liability premium (Option 2), which you have entered on line A above, exceeds \$750.00, contact K&K for more details and a quote	additional amount due for higher liability limits
	Total Liability Premium Due (A + B = C)	(C)
	OPTIONAL COVERAGES:	
	Equipment and Contents Premium	(D)
	Total Premium Due (C + D = E)	(E)
	Florida Applicants Florida applicants need to add a 1.3% state mandated Hurricane Catastrophe Fund assessment fee to the total premium due	
	Total Premium Due (line E-total premium due X 1.013)	\$

CERTIFICATE REQUESTS	Complete this section to request additional certificates. Provide separate requests for each additional certificate needed. This certificate is for our: <input type="radio"/> Program coverage (commercial general liability) <input type="radio"/> Equipment and contents coverage Check the type of certificate you are requesting: <input type="radio"/> Additional insured <input type="radio"/> Evidence of coverage <input type="radio"/> Loss payee
	Certificate holder information: Entity name: _____ Mailing address: _____ City: _____ State: _____ Zip: _____
	Relationship to named insured: <input type="radio"/> Owner/lessor of premises <input type="radio"/> Sponsor <input type="radio"/> Co-promoter <input type="radio"/> Mortgagee <input type="radio"/> Franchisor <input type="radio"/> Lessor of equipment and contents <input type="radio"/> Other (please identify/explain): _____
	Special certificate language needed (please explain/attach): _____
	Date certificates needed by: _____ / _____ / _____
	If applicable: Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____ Hours of event/activity: _____ A.M./P.M. to _____ A.M./P.M. Type of event/activity: _____ Name of event/activity: _____ Location of event/activity: _____
	Loss Payee: Type of equipment (please describe): _____ Limit: _____

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.

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Outside concessionaires and vendors in conjunction with your business; Performers; Rodeos; Saddle animals; Snowmobile; Those operations listed as ineligible: Concert promoters, Event production companies, Rental companies, Talent agencies/companies, Travel agencies.

PREMIUMS ARE 20% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS

PAYMENT INFORMATION

Select Payment Plan: Check one:

100% Plan

- 100% of the total premium is due to bind coverage

30% / 70% Plan

- 30% of the total premium is due to bind coverage
- Florida Applicants must also include the entire 1.3% state mandated Hurricane Catastrophe Fund assessment fee to bind coverage
- The balance of the premium (70%) will be due within 30 days of the effective date

25% + 3 Plan

- 25% of the total premium is due to bind coverage
- Florida Applicants must also include the entire 1.3% state mandated Hurricane Catastrophe Fund assessment fee to bind coverage
- The balance of the premium will be due in (3) consecutive monthly installments

Check here if you prefer to be mailed an invoice for any future balances/installments.

If paying by credit card, any outstanding balances or installments will be charged to the same card number provided below, unless you have checked the box above.

Making your Payment:

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

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: _____

Named insured (from page 4): _____