

Insurance Program and Enrollment Form

This brochure is valid for effective dates from December 1, 2008 though November 30, 2009



Shoff Darby Companies • 100 Technology Drive, Suite 200 • Trumbull, CT 06611 • 1-800-840-7762
Fax 1-203-268-0687 • www.shoffdarby.com

Program Description

This insurance program has been specifically designed for the organizers of short term special events that meet the following criteria:

- Maximum total attendance is 12,000 or less
- Maximum number of consecutive event days (not including set-up or tear down) is 10
- Event is held at a single location
- Event location must be held in the U.S.

List of Eligible Events

This list does not encompass all events that may be included in each category. This is only a summary. If you do not meet all the criteria, please contact Shoff Darby Companies at **(800) 840-7762** for other program options available.

- Auctions (animal, property, real estate)
- Award presentations
- Banquets
- Bar mitzvah/bat mitzvah
- Bazaars
- Benefit walks
- Bingo games
- Car shows—auto static only
- Charity events (auctions, benefits, dances, walks)
- Concerts—call for approval. (no rock, rap or hip-hop)
- Conventions
- Debuts
- Debutante balls
- Dinners/luncheons/showers (anniversary, birthday, baby, wedding)
- Festivals (art, craft, ethnic, harvest)
- Flea markets
- Graduation ceremonies
- Job fairs
- Lectures
- Meetings (business, civic club, evangelistic)
- Pageants
- Parties (afterprom, graduation night, lockins, fraternity, birthday)
- Picnics (no in or on water activities)
- Poetry readings
- Political campaign rallies
- Prom (formal event)
- Quinceañera
- Recitals
- Religious assemblies
- Reunions (family, class, military)
- Rummage sales
- School band/drill team competitions
- School carnivals (no rides)
- Seminars
- Shows (animals, horses, livestock, antique, art, baby, boat, business, consumer, craft, fashion, flower,garden, home, rv, wedding)
- Social gatherings/receptions
- Speaking engagements
- Stage shows (dance, music, theatrical)
- Swap meets
- Theatrical performances/musicals
- Walks/tours (charity, garden, parade of homes, historical sites, Christmas)
- Weddings and receptions (rehearsal, wedding and reception can be covered as a single event)

Ineligible Events

Certain event types are **not eligible** for coverage by this program. K&K reserves the right to decline any request for coverage. The ineligible event types include, but are not limited to the following (and are excluded from coverage):

- Activist rallies/marches/literature distribution
- Athletic events and competitions
- Cinematography and photography for commercial use
- Concerts—call for approval. (no rock, rap, or hip-hop)
- Events requiring liquor liability coverage (host liquor situations are not excluded)
- Events providing accommodations or camping as part of the event
- Gun and knife shows
- Haunted attractions
- Health fairs/shows
- Historical battle reenactments
- In-or-on water activities
- Mazes (corn/hay/fences)
- Motorized vehicle/motorcycle/watercraft/powerboat practicing for, qualifying for, or testing for any racing speed, demolition or stunting activity.
- Overnight retreat
- Parades
- Rodeos (activities including, but not limited to, bull or bronco riding, steer roping, team roping, or barrel racing)

Coverage for ineligible events or excluded coverage(s) may be considered with separate application. Contact Shoff Darby to obtain additional information regarding a tailor-made policy for your insurance needs.

Liability Coverage and Limits

Commercial general liability coverage protects the insured against any liability claims for bodily injury and property damage arising out of the premises, operations, products and completed operations, and personal and advertising injury. There is no deductible that applies to liability claims.

<u>Coverage</u>	<u>Option I (\$1,000,000)</u>	<u>Option II - (\$2,000,000)</u>
General Aggregate	\$2,000,000	\$2,000,000
Products-completed Operations Aggregate	\$1,000,000	\$2,000,000
Each Occurrence	\$1,000,000	\$2,000,000
Personal and Advertising Injury	\$1,000,000	\$2,000,000
Medical Expense	\$ 5,000	\$ 5,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000

Notable Exclusions

- Abuse molestation, harassment, or sexual abuse
- Aircraft/hot air balloon - ownership, operation, maintenance or use
- Airport - ownership, operation, maintenance or use
- Amusement devices - the ownership, operation, maintenance or use of: any mechanical 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
- Animals - injury or death to any animal; injury, death or property damage caused by any animal owned, rented or hired
- Asbestos
- Claims arising out of the operations of concessionaires, exhibitors and vendors at your event*
- Employment-related practices
- Fireworks
- Designated operations exclusion—those events listed as ineligible
- Fungi or bacteria
- Lead
- Nuclear energy
- Performers
- Saddle animal - ownership, operation, maintenance, use loading or unloading of any saddle animal, including but not limited to, riding any saddle animal or riding on any vehicle which is drawn or powered by any animal
- Snowmobile

*Liability coverage for concessionaires, exhibitors and vendors is available through the Concessionaires/Exhibitors and Vendors Program at Shoff Darby Companies, Inc. Call 1-800-840-7762 for more information or go to our web site at www.shoffdarby.com.

Carrier

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

Premium

<u>Attendance</u>	<u>Premium Option I (\$1,000,000)</u>	<u>Premium Option II (\$2,000,000)</u>
1,500 or less	\$ 383	\$ 575
1,501 to 3,000	\$ 740	\$ 1,110
3,001 to 6,000	\$ 1,479	\$ 2,218
6,001 to 12,000	\$ 2,550	\$ 3,825

Premium is based on the total attendance for your event. The total attendance is to be determined by counting all persons attending each session and/or each day of your event. For example, an event that runs for three days with daily attendance of 2,000 has total attendance of 6,000.

100% of the premium is fully earned at the inception date and is **not refundable** in the event of cancellation. Event cancellation, event date changes or exposure changes must be reported to Shoff Darby in writing on or before the originally reported event start date to be eligible for a premium refund or credit.

Note: All Florida applicants must add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium

How to Obtain Coverage

1. Remit the completed and signed enrollment form and corresponding premium payment, with the schedule of events or brochure, at least 10 business days prior to event to:

Shoff Darby Companies
Short Term Special Event Program
100 Technology Drive, Suite 200
Trumbull, CT 06611
If paying by credit card, fax to 1-203-268-0687. Phone: 1-800-840-7762.

2. You will be notified by Shoff Darby if, for any reason, your submission to this insurance is declined or determined to be ineligible for coverage and your premium payment will be returned or refunded. An incomplete enrollment form will be declined and returned.
3. Coverage will be effective only for the time period reported on your enrollment form.

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. You may request a copy of the full policy by submitting a written request to Shoff Darby Companies.

Shoff Darby Companies, Inc.

100 Technology Drive, Suite 200
Trumbull, CT 06611
1-800-840-7762 • Fax 1-203-268-0687
www.shoffdarby.com

SHORT TERM SPECIAL EVENT RPG Enrollment Form

This brochure is valid for effective dates from 12/1/08 through 11/30/09

This form must be completed, signed and returned with your payment. The submission of this enrollment form does not guarantee coverage. Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. Certain operations are not eligible for coverage by this program. Shoff Darby reserves the right to decline any request for coverage.

Insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Web site: _____

Form of business: Individual Partnership/joint venture Limited liability company Trust
 Corporation Other: _____

Name of event: _____

Dates of event including set up and/or tear down days: ____/____/____ to ____/____/____ Hours of event: _____
mm dd yy mm dd yy

Number of actual event days: _____ Total event attendance: _____

Event type: _____

Location of event:

Venue: _____

City: _____ State: _____ Zip: _____

Date certificate needed by: ____/____/____.

1. Are overnight accommodations or camping facilities for the event attendees provided, or contracted for, by the event organizer? No Yes, provide a copy of the contract.
2. Will this event feature any of the following:
 - a. Rides, mechanical devices, inflatables? No Yes, provide certificate of insurance from operator naming you as an additional insured.
 - b. Petting zoos or animals? No Yes, provide certificate of insurance from operator naming you as an additional insured.
 - c. Fireworks/pyrotechnics? No Yes, provide certificate of insurance from operator naming you as an additional insured.
3. Will alcoholic beverages be served? No Yes
4. Are you required to get a liquor license/permit No Yes
5. Will alcoholic beverages be sold? No Yes Who holds the liquor license/permit? _____
6. Is the event being held annually? No Yes
7. Does the event have vendors or exhibitors? No Yes If yes, please be advised that coverage is not provided for the claims arising out of the operations of concessionaire, exhibitors and vendors at your event. Liability coverage for concessionaires, exhibitors and vendors is available through the Concessionaires/Exhibitors and Vendors Program at Shoff Darby Companies. Call **1-800-840-7762** for more information or go to our web site at **www.shoffdarby.com**.

8. Are there musical/entertainment performers? No Yes, If yes, please list below.

Performer/Entertainer Name	Type of Music/Program

9. Provide a schedule of events/activities or a brochure for this event. This information must accompany the enrollment form in order for enrollment to be considered for insurance.

Certificate Requests:

Please note that you will receive a certificate showing evidence that coverage has been bound. Use this section to request an additional certificate.

Check the type of certificate that you are requesting: Additional insured OR Evidence of coverage

Certificate holder:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/lessor of premises Sponsor Co-promoter

Other (please identify/explain): _____

Special certificate language needed (please explain or attach information):

If we need to fax or e-mail this certificate, please indicate.

Fax #: _____ Attn (name): _____

E-mail: _____

** If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.

NOTE: Requests can not be processed without completing all of the information above. Please remember to verify your requests as specified in any contracts you have signed prior to submitting your enrollment form for approval. All certificate requests must be submitted in writing.

PLEASE 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, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. 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 afterwards. 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 that apply, as well as the activities and operations for which coverage is not provided.

Signature: _____ Printed name: _____

Title: _____ Date: _____ Insured name: _____

Premium (please check one)

<u>Total Event Attendance</u>	Premium Option I (\$1,000,000)	Premium Option I (\$2,000,000)
1,500 or less	____\$ 383	____\$ 575
1,501 to 3,000	____\$ 740	____\$ 1,110
3,001 to 6,000	____\$ 1,479	____\$ 2,218
6,001 to 12,000	____\$ 2,550	____\$ 3,825

Total premium due\$ _____ **(a)**
Florida applicants must add 1% to total premium due. (1% x premium) = Florida assessment fee \$ _____ **(b)**
Total amount due for Florida applicants (a+b)\$ _____

Notes:

1. Premiums are 100% fully earned at inception and nonrefundable.
2. Premium and enrollment form must be received in our office 10 business days prior to the requested effective dates.
3. Event cancellations must be reported to Shoff Darby in writing on or before the event start date to be eligible for a premium refund.
4. Event date changes must be reported to Shoff Darby in writing on or before the original event start date. A premium refund may be requested if the event cannot be rescheduled within 60 days.
5. Any exposure changes that deviate from the original enrollment form must be reported to Shoff Darby in writing on or before the event start date. Upon review of the exposure changes, Shoff Darby will determine if coverage can still be afforded or declined and the premium refunded.

Mailing Instructions: Please refer to page 3, "How to Obtain Coverage" number 1.

In order to avoid a delay in processing, prior to mailing please verify that:

- The eligibility criteria as outlined in the brochure have been met
- All questions/sections of the enrollment form have been answered/completed
- The Warranty Statement section is signed
- The required premium payment has been provided
- If paying by credit card, the complete credit card information is provided, along with signature

Making Your Payment: Please check payment option.

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

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

I authorize Shoff Darby to charge my premium payment to my credit card in the amount of \$ _____

- VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

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

Print name (as on card): _____

Cardholder signature: _____