

Higher limits available. Please call 1-800-840-7762.

PROGRAM DESCRIPTION

This program has been designed for U.S.-based reenactment clubs/groups who are members of reenactment clubs. Coverage provided includes important liability protection for the club/group or individual for liability claims arising out of their operations.

A Club/Group consists of those clubs and/or groups participating in historical activities. Covered operations consist of your scheduled, sanctioned, organized and supervised activities in which your members participate and that are directly related to the specific common interest or goal for which the club or group is formed. Coverage is also provided for member activities such as meetings, registrations, parades in which you participate, picnics, banquets and ceremonies.

Note: Coverage for reenactment events sponsored or hosted by the member club/group are not covered by the program.

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

INELIGIBLE OPERATIONS

The following operations not eligible for this program include, but are not limited to the following. Contact Shoff Darby with any questions regarding eligibility.

Clubs or groups whose primary focus is not related to historical reenactment.

ELIGIBLE OPERATIONS

Those entities or clubs that are reenactment clubs/groups who conduct reenactment activities related to a historical time period. For clarification of eligibility, contact Allison Steeves with Shoff Darby at 1-800-840-7762.

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 1-203-445-2137



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



QUESTIONS Call Shoff Darby Companies, Inc. at **1-800-840-7762**

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 Shoff Darby Companies, Inc.

EXCLUSIONS

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

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Animals (injury or death to any animal or injury, death, or property damage caused by your animal— limited small animal coverage is provided, see full exclusion on page 6)
- Events hosted, sponsored or organized that are open to the public
- Fireworks (exclusion does not apply to flashboxes)
- Hiking on ungroomed trails or orienteering
- Historical battle reenactments (hosting actual event)
- Hot wax impressions
- In or on water activities
- Outside concessionaires and vendors in conjunction with your organization while being used for covered activities
- Operation, ownership or management of any facility or premises, other than
- Room & board liability
- Use of any substance to paint or apply on the face or body that is not classified as non-toxic and/or manufactured using only FDA compliant ingredients
- Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

COVERAGES AND LIMITS

| Coverages | Option 1 | Option 2 |
|--|------------------|------------------|
| Commercial General Liability | Limits | Limits |
| Each Occurrence | \$ 1,000,000 | \$ 2,000,000 |
| General Aggregate (other than Products-completed Operations) | \$ 5,000,000 | \$ 5,000,000 |
| Products-completed Operations Aggregate | \$ 1,000,000 | \$ 2,000,000 |
| Personal and Advertising Injury | \$ 1,000,000 | \$ 2,000,000 |
| Legal Liability to Participants | \$ 1,000,000 | \$ 2,000,000 |
| Damage to Premises Rented to You | \$ 300,000 | \$ 300,000 |
| Medical Expense (other than members/participants) | \$ 5,000 | \$ 5,000 |
| Medical Payments for Participants (excess) \$100 per claim deductible applies | \$ 5,000 | \$ 5,000 |
| Rates (Per Member/Participant, Per Club) | \$ 9.00 | \$ 12.30 |
| Policy Minimum Premium Per Club | \$ 300.00 | \$ 375.00 |

* Please contact us if higher limits are needed *

Coverage provided under this program includes:

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

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

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a member/participant when an accidental injury occurs while participating in your covered activities. The benefit period for this coverage is two years from the date of the accident.

Shoff Darby Enrollment Form

Companies, Inc. **Reenactment Clubs/Groups or Individual Reenactor**
Valid for effective dates from 4/1/16 through 3/31/17

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG membership fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

- TO AVOID PROCESSING DELAYS, PLEASE:**
- 1. Complete all sections (print legibly)**
 - 2. Sign and date where required**
 - 3. Remit completed enrollment form (pages 3 - 6) with payment**

| | |
|----------------------------|--|
| GENERAL INFORMATION | Named insured (as it should appear on the policy): _____ <small>(Reenactment Clubs/Groups - the legal name of the business or organization; typically the name that would appear on any contracts or agreements - Individual Reenactors (Individual's full name))</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: _____ |

| | |
|--------------|--|
| 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: _____ / _____ / _____ |
|--------------|--|

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

| | |
|-----------------------------|---|
| BUSINESS INFORMATION | 1. Are you seeking coverage for all members of the club? <input type="radio"/> Yes <input type="radio"/> No a. Please list all of the members on a separate piece of paper |
| | 2. Are you responsible for the ownership or operation of a facility on a long term basis? <input type="radio"/> Yes <input type="radio"/> No |
| | 3. Do you host, sponsor, or organize any activities or events that are open to the public? <input type="radio"/> Yes <input type="radio"/> No |
| | 4. Does your club/group make a product? <input type="radio"/> Yes <input type="radio"/> No a. Do you sell it? <input type="radio"/> Yes <input type="radio"/> No b. What is the product?(please describe) _____ |
| | 5. Does your club/group members dress in period costumes and/or speak the period language? <input type="radio"/> Yes <input type="radio"/> No |
| | 6. Is at least one member of the club/group 18 years or older? <input type="radio"/> Yes <input type="radio"/> No |
| | 7. Do you or your club/group conduct operations outside the US? <input type="radio"/> Yes <input type="radio"/> No |
| | 8. Do you have policies/procedures for the inspection and use of weapons prior to any events or activities? <input type="radio"/> Yes <input type="radio"/> No |
| | 9. Do you inspect each weapon prior to use to confirm no live ammunition or use of sharpened blades? <input type="radio"/> Yes <input type="radio"/> No |

(continued)

9. Does your club/group have activities/operations that include any of the following: Yes No

- Acrobatic or circus performing programs
- Addiction or illness support groups
- Boys and/or girls clubs
- Boy or girl scouts
- Country clubs
- Dating clubs, programs or organizations
- Day care or adult before and/or after school care operations, latch key programs, babysitting or childcare clubs or programs
- Faith-based or religious studies
- Fitness clubs
- Fraternities or sororities
- Groups under the direction of a professional counselor or therapist
- Instruction in first aid, CPR or life saving/life guarding
- Nutritional and weight loss programs
- Political, activist and/or governmental groups
- Programs dedicated to discipline, rehabilitation or behavioral modification
- Programs or activities involving animals*
- Programs or activities that involve weapons or firearms (live ammunition or sharpened blades)
- School accredited classes, programs or clubs
- Senior centers
- Sports teams, leagues or associations or sporting events/activities
- Vehicle owner clubs
- Veterans or military organizations
- Wine/beer/alcohol clubs

*Limited small animal coverage is provided, see exclusions on page 6.

The exposures/activities listed above are not eligible under this program. If you wish to cover these activities/operations, please contact Shoff Darby to determine if other coverage operations are available.

You will receive a certificate showing evidence that coverage has been bound. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

This certificate is for our: Program coverage (commercial general liability)

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

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

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

Other (please identify/explain): _____

Date needed by: _____ / _____ / _____

Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? Yes No

If yes, check all that apply (**Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions**).

Form CG2026 Primary endorsement Waiver of subrogation

Other (please explain): _____

If applicable:

RE: Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____

Type of event/activity: _____

Name of event/activity: _____

Location of event/activity: _____

PREMIUM CALCULATION

| Rates (per member/participant, per club) | Option 1 \$1,000,000 CGL Limit | Option 2 \$2,000,000 CGL Limit |
|---|-----------------------------------|-----------------------------------|
| | \$9.00 | \$12.30 |

Please calculate your premium due below.

| Coverage Option | No. of Members/Participants | X | Rate (from chart above) | = | Premium |
|---|-----------------------------|---|-------------------------|---|---------|
| | | X | | = | \$ |
| Minimum Premium: Option 1 = \$300.00 Option 2 = \$375.00 Please enter your minimum premium. | | | | | \$ |
| Premium Due: If the total calculated premium is less than the minimum premium, the total due is the minimum premium. | | | | | \$ |

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; 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 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, or injury, death or property damage caused by any animal owned, rented or hired by you. However, rabbits, doves, mice, hamsters, non-venomous/non-constricting snakes and dogs weighing less than 15 lbs. are covered for the liability arising out of the insured's operations that include the use of these animals); Asbestos; Athletic activity; Body surfing or mosh pits; Commercial general liability standard exclusions (CG0001 04/13 edition); Employment-related practices; Events hosted, sponsored or organized that are open to the public; Events where the insured is required to hold a liquor license or permit; Fireworks (However, this exclusion does not apply to flashboxes. As used in this environment, flashboxes means a device used to create a visual effect along with an explosive noise and is induced electronically in a cylinder with no projectile, wading or wrapping); Full body art & painting; Fungi or bacteria; Gambling activities or events; Haunted attractions; Hiking on ungroomed trails or orienteering; Historical battle reenactments (hosting actual event); Hot wax impressions; In or on water activities; Lead; Nuclear energy liability; Operation, ownership or management of any facility or premises, other than while being used for covered activities; Outside concessionaires and vendors in conjunction with your organization; Performers (injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event); Rodeos; Room & board liability; Saddle animals; Snowmobile; Use of any substance to paint or apply on the face or body that is not classified as non-toxic and/or manufactured using only FDA compliant ingredients; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Clubs or groups whose primary focus is not related to historical reenactment, Acrobatic or circus performing programs, Addiction or illness support groups, Boys and/or girls clubs, Boy or girl scouts, Country clubs, Dating clubs, programs or organizations, Day care or adult before or after school care operations, latch key programs, babysitting or childcare clubs or programs, Faith-based or religious studies; Fitness clubs, Fraternities or sororities, Groups under the direction of a professional counselor or therapist, Instruction in first aid, CPR or life saving/life guarding, Nutritional and weight loss programs, Political, activist and/or governmental groups, Programs dedicated to discipline, rehabilitation or behavioral modification, Programs or activities involving animals, Programs or activities that involve weapons or firearms that have live ammunition or sharpened blades, School accredited classes, programs or clubs, Senior centers, Sports teams, leagues or associations or sporting events/activities, Vehicle owner clubs, Veterans or military organizations, Wine/beer/alcohol clubs

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: _____

Name insured (from page 3): _____

READ AND SIGN

GENERAL FRAUD STATEMENT

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

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

Applicable in FL and OK Any person knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an

insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS. COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.

PAYMENT INFORMATION

Step 1: Calculate Final Cost

| | |
|---|-----------------|
| Total Premium Due (from page 5) | \$ _____ |
| Risk Purchasing Membership Fee (REQUIRED to be able to process enrollment) | \$ \$15.00 |
| TOTAL COST DUE | \$ _____ |

Step 2: Select Payment Method. Check one.

- 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: _____

CSC # (card security) code: _____ 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): _____

Address of cardholder: _____

Cardholder signature: _____