

PROGRAM DESCRIPTION

This program has been designed for U.S.-based firms or individuals who organize, coordinate, promote and facilitate special events from inception through completion. Events may be social or corporate, including company events and those for charities and nonprofit organizations. This coverage is not intended to include catering operations or halls exposure. 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 or visit our website at www.ent@shoffdarby.com.

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

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 (eg: rides, slides, inflatables, bungees, climbing walls or devices, dunk tanks)
- Asbestos
- Communicable disease
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy liability
- Operations outside of the U.S.
- Outside concessionaires and vendors working in conjunction with your business
- Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

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, who have annual gross sales of \$2,000,000 or less, domiciled in the U.S. that plan, organize, coordinate and/or arrange public or private events and social gatherings for others.

For those with annual gross sales exceeding \$2,000,000, please contact us for coverage options.

INELIGIBLE OPERATIONS

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

- Athletic event promoters
- Caterers
- Concert promoters
- Event production companies*
- Rental companies
- Talent agencies/companies
- Travel agencies
- Those who own their own retail store or event/banquet facility

*An event production company is a business that hosts events and profits in all money proceeds of their hosted events. (e.g.: ticket sales/merchandise/food/etc.)

FOUR EASY WAYS TO ENROLL FOR COVERAGE



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

OR

Submit this enrollment form, with payment, to Shoff Darby



E-MAIL ent@shoffdarby.com



FAX 1-203-445-2137



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



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

COVERAGES AND LIMITS

Coverages	Option 1	Option 2
Commercial General Liability (CGL): Each Occurrence	Limits \$ 1,000,000	Limits \$ 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
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Rates	Option 1	Option 2
Annual Coverage (based on annual gross sales)	.00515	.00773
Annual Coverage Minimum Premiums	\$ 500.00	\$ 750.00
Single Event Coordinator Coverage - applies only during event, no before/after coverage (coverage cannot exceed 30 consecutive days)	\$ 173.00*	\$ 252.00*

*Risk purchasing purchasing group administration fee is included in the cost.

*** Higher liability limit options available ***

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. Additional or broadening coverages added with the broadening endorsement are:

- Expected or intended injury resulting from the use of reasonable force to protect persons or property
- Non-owned watercraft - extended to 58 feet
- Supplementary payments - \$2,500 bail bonds, \$500 a day loss of earnings
- Knowledge or Notice of Occurrence
- Waiver of right of recovery
- Bodily injury definition expanded to include mental anguish, mental injury, shock, fright, humiliation, emotional distress or death resulting from bodily injury, sickness or disease.
- Damage to Premises Rented to You - the term fire is replaced with fire, lightning; explosion, smoke and leaks from sprinklers
- Additional coverages:

<ul style="list-style-type: none"> - Emergency Real Estate Consultant Fee - \$25,000 - Identify Theft Exposure (for directors or officers) - \$25,000 - Key Individual Replacement Cost - \$50,000 - Lease Cancellation Moving Expense - \$2,500 	<ul style="list-style-type: none"> - Temporary Meeting Place - \$25,000 - Terrorism Travel Reimbursement (for directors or officers)- \$25,000 - Workplace Violence Counseling - \$25,000
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Damage to Premises Rented to You – This coverage is solely for the premises, and the contents of such premises, rented to you if the damage is caused by fire, lightning, explosion, smoke and leaks from sprinklers. Damage that is caused by something other than fire, lightning, explosion, smoke and leaks from sprinklers only applies to the premises, including the contents of such premises, rented to you for a period of 7 or fewer consecutive days.

OPTIONAL COVERAGES AVAILABLE

Professional Liability - \$1,000,000 Coverage Limit

Only available with annual coverage option

This coverage option provides protection against wrongful acts (breach of duty, neglect, error, omission, misstatement, or a misleading statement in the discharge of your event planning services) that occur under the operation of the insured.

Coverage Conditions:

1. You must have commercial general liability coverage for your operations through our Event Planner RPG Insurance Program.
2. Coverage will be effective the day after we receive the request with premium and will expire on the expiration date of your Event Planner RPG Insurance Program.

Rate (based on annual gross sales)	Limit	Minimum Premium
\$.003	\$ 1,000,000 per occurrence	\$ 500

OPTIONAL COVERAGES AVAILABLE CONTINUED

Equipment and Contents Coverage (Inland Marine) Only available with annual coverage option

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 us to have your insured value amended to avoid a co-insurance penalty.

Additional coverages automatically included in the coverage form are

- Business Income with Extra Expense – Actual Loss Sustained (up to \$50,000)
- Money and Securities Coverage - \$10,000 any one occurrence
- Valuable Papers and Records Coverage - \$10,000 at premises / \$2,500 away from premises
- Account Receivable Coverage - \$10,000 at premises / \$2,500 away from premises
- Employee Dishonesty - \$5,000 any one occurrence
- Forgery or Alteration - \$10,000 for any loss
- Robbery or Safe Burglary of Other Property - \$10,000 inside premises / \$10,000 outside the premises

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your operations with our Event Planner RPG Insurance Program.
2. 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.
3. 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

Sexual Abuse or Sexual Molestation Liability OR Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement

Only available with annual coverage option

This program includes two options for coverage for claims arising out of sexual abuse or sexual molestation:

- Option 1: \$1,000,000 of liability coverage for sums the insured becomes legally obligated to pay as damages because of loss arising out of any actual or threatened sexual abuse or sexual molestation. This limit is a part of, and not in addition to, the general liability limit section.
- Option 2: \$100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, harassment or sexual conduct.

Coverage Conditions:

1. Coverage is contingent upon completion, as well as review and approval from us, of the underwriting questions found on page 10.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your organization with our Event Planner RPG Insurance Program.
3. Only one option may be purchased.
4. This coverage is 100% fully earned at inception.

Rates	
Option	Rate
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	\$.00103 Based on annual gross sales (\$150.00 minimum premium)
Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$100.00 (Flat rate)

OPTIONAL COVERAGES AVAILABLE CONTINUED

Hired Auto and Employers' Nonownership Liability - \$250,000 Coverage Limit

Only available with annual coverage option

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.

Coverage Conditions:

1. You must have commercial general liability coverage for your operations through our Event Planner RPG Insurance Program.
2. Coverage will be effective the day after we receive the request with premium and will expire on the expiration date of your Event Planner RPG Insurance Program.

Rate (flat)	Limit
\$ 250.00	\$ 250,000

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 sales mean?

Annual gross sales 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 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

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. Am I covered if I rent party supplies and equipment?

Yes, but only if you are renting the equipment/supplies to the client for whom you are planning an event. This program is not intended to cover operations where equipment and supplies are rented to the general public and there are no event planning services being provided by 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 Event Planner

Companies, Inc. Valid for effective dates from 7/1/20 through 3/31/21

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. A risk purchasing group (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 administration 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 5 - 13) with payment

GENERAL INFORMATION	<input type="radio"/> I am a new account <input type="radio"/> I am renewing my coverage
	Full legal name of business: _____
	<small>Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.</small>
	Applicant is a: <input type="radio"/> Sole Proprietorship <input type="radio"/> Limited Liability Co. <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Other (describe): _____
	Mailing address: _____
	City: _____ State: _____ Zip: _____
	Contact name: _____ Phone: (____) _____
	Cell: (____) _____ Fax: (____) _____
	E-mail: _____ Website: _____
	<small>(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 12 of the application for Electronic Disclosure and Consent)</small>

OFFICE LOCATION	List office location if different from mailing address. _____			
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Street Address</td> <td style="width: 15%; border-bottom: 1px solid black;">City</td> <td style="width: 15%; border-bottom: 1px solid black;">State</td> <td style="width: 10%; border-bottom: 1px solid black;">Zip</td> </tr> </table>	Street Address	City	State
Street Address	City	State	Zip	

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: ____ / ____ / ____
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BUSINESS INFORMATION	<p>1. Types of events you organize (check all that apply)</p> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="radio"/> Auto/RV/Motorcycle/Boat shows <input type="radio"/> Antique & Collectible shows <input type="radio"/> Athletic Events/Exhibitions/Contests <input type="radio"/> Auctions – describe: _____ <input type="radio"/> Baby or wedding showers <input type="radio"/> Barbecues <input type="radio"/> Beauty pageants and/or fashion shows <input type="radio"/> Charity events – describe: _____ <input type="radio"/> Church gatherings or baptisms <input type="radio"/> Computer and/or electronic shows <input type="radio"/> Concerts <input type="radio"/> Conventions/Trade shows/Exhibitions ____ Corporate ____ Trade ____ Industry <input type="radio"/> Festivals - describe: _____ <input type="radio"/> Gun and/or Knife shows <input type="radio"/> Health and/or Science fairs <input type="radio"/> Home and/or Garden shows </td> <td style="vertical-align: top;"> <input type="radio"/> Meetings, Seminars or Speaking engagements ____ Corporate/Business ____ Private ____ Public <input type="radio"/> Open houses <input type="radio"/> Parties ____ Anniversary ____ Birthday ____ Dinner ____ Holiday ____ Office ____ Theme ____ Sports Event (e.g. Super Bowl) ____ Other – describe: _____ <input type="radio"/> Picnics ____ Corporate (employee only) ____ Corporate (other) ____ Private <input type="radio"/> Political gatherings, Conventions or Rallies <input type="radio"/> Reunions <input type="radio"/> Sightseeing trips <input type="radio"/> Talent shows and/or Contests <input type="radio"/> Theatrical and/or Movie Premiers <input type="radio"/> Weddings and/or Wedding receptions </td> </tr> </table>	<input type="radio"/> Auto/RV/Motorcycle/Boat shows <input type="radio"/> Antique & Collectible shows <input type="radio"/> Athletic Events/Exhibitions/Contests <input type="radio"/> Auctions – describe: _____ <input type="radio"/> Baby or wedding showers <input type="radio"/> Barbecues <input type="radio"/> Beauty pageants and/or fashion shows <input type="radio"/> Charity events – describe: _____ <input type="radio"/> Church gatherings or baptisms <input type="radio"/> Computer and/or electronic shows <input type="radio"/> Concerts <input type="radio"/> Conventions/Trade shows/Exhibitions ____ Corporate ____ Trade ____ Industry <input type="radio"/> Festivals - describe: _____ <input type="radio"/> Gun and/or Knife shows <input type="radio"/> Health and/or Science fairs <input type="radio"/> Home and/or Garden shows	<input type="radio"/> Meetings, Seminars or Speaking engagements ____ Corporate/Business ____ Private ____ Public <input type="radio"/> Open houses <input type="radio"/> Parties ____ Anniversary ____ Birthday ____ Dinner ____ Holiday ____ Office ____ Theme ____ Sports Event (e.g. Super Bowl) ____ Other – describe: _____ <input type="radio"/> Picnics ____ Corporate (employee only) ____ Corporate (other) ____ Private <input type="radio"/> Political gatherings, Conventions or Rallies <input type="radio"/> Reunions <input type="radio"/> Sightseeing trips <input type="radio"/> Talent shows and/or Contests <input type="radio"/> Theatrical and/or Movie Premiers <input type="radio"/> Weddings and/or Wedding receptions
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Note: This program is intended to cover liability coverage for the planning and organizing of the event planner. Coverage is not provided for the sponsor/host of the event. Coverage for the event itself should be purchased separately by the event host/client.

2. Number of events planned for the current year: _____ Number of events planned last year: _____
3. What is your annual gross sales?: \$ _____
4. Do you sponsor or promote any events? Yes No
If yes, provide details: _____
5. Are you involved in any other operations or businesses? Or are you owned by, controlled by or affiliated with any other company? Yes No
If yes, provide details: _____
6. Do you have any subsidiaries? Yes No
If yes, provide details: _____
7. Within the past 5 years, have you changed your business name, acquired any business or merged or consolidated with another entity? Yes No
If yes, provide details: _____
8. Do you own or lease (long term) a hall/banquet facility? Yes No
9. Do you or your employees provide any of the following services? Yes No
 - Automotive tours (Car/Bus/Jeep/Other)
 - Booking agent
 - Construction of temporary structures
 - Babysitting
 - Fireworks
 - Horseback riding
 - Hot air balloon rides
 - Rope courses
 - Security operations:
 - Bodyguard/Personal security
 - Bouncers/Crowd control
 - Parking/Traffic control
 - Watchmen/Guard service
 - Shuttle/Taxi/Limo service
 - Valet service

The exposures/activities listed above are not covered by this program. If any of these exposures/activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as an additional insured.

10. Do you sign contracts on behalf of your client? Yes No
11. Is a contract executed between you and your clients and/or with 3rd parties? Yes No
If yes,
 - a) Are all contracts printed in English? Yes No
 - b) Do your contracts include a hold harmless agreement? Yes No
 - c) Do you use a standard client contract, which outlines your responsibilities? Yes No
 - d) Does the contract include a clause where each party holds the other party harmless? Yes No
If no, do you assume any liability of the client and/or third party? Yes No
 - e) Do you assume, by contract or verbally, responsibility for any injury or damage that may occur during an event? Yes No
 - f) Please provide a copy of your standard client contract.
12. Do you have any employees and/or volunteers? Yes No
If yes, how many employees? _____ And how many volunteers? _____
13. Are subcontractors/independent contractors used? Yes No
If yes:
 - a. Do you confirm they have liability insurance covering their operations? Yes No
 - b. Do you ever use uninsured contractors or subcontractors to provide products or services for an event? Yes No

Note: Independent contractors (non-employees) are not covered by this program. You should obtain a certificate of insurance from any subcontractor used, and it is recommended that you request additional insured status on their policy.

- 14 . Do you rent, furnish, or install any of the following? Yes No
 If yes,
 a. To whom:
 Clients Only - I'm planning their event General Public – I do not plan their event
 b. Type:
 Amusement Devices Barricades Bleachers Dance Floors Folding Chairs/Tables
 Sound Equipment Stages/Staging Tents Portable Restrooms Space Heaters
 Linens/Tableware Decoration Flowers Candy/Popcorn/Drink Machines
 Other – describe: _____
15. Do you own or operate a retail store? Yes No
 If yes,
 a. Describe the product you are selling: _____
 b. What percentage of your revenue is from retail/product sales? _____
 c. Is the store open to (check all that apply):
 Clients Only - I'm planning their event General Public – I do not plan their event
16. Do you plan or provide services for athletic events (walks, runs, golf tournaments, sport tournaments, etc.)? Yes No
 If yes, please describe type of event and your involvement? _____
17. Do you prepare or sell food as a part of your services? Yes No
 If yes, describe: _____
18. Do you plan or promote concerts of any genre? Yes No
19. Do you host events where you profit from the proceeds (ticket sales, merchandise, food, etc). Yes No
 If yes:
 a. Please explain: _____
 b. Do you obtain separate event insurance for these events? Yes No
20. In the last five years have any of your customers:
 a. Made allegations or complained about the performance, non-performance or timeliness of your products/services? Yes No
 If yes, please explain: _____
 b. Refused to pay or stopped paying fees or dues due to alleged problems with your products/services? Yes No
 If yes, please explain: _____
21. In the past 5 years have you or any of the employees had their professional licenses or certifications suspended or revoked? Yes No
 If yes, please explain: _____
22. Are you aware of any actual or alleged fact, circumstance, situation, error or omission, which can reasonably be expected to result in a claim, suit, or proceeding being made against you? Yes No
- 23. FOR NEW ACCOUNTS ONLY**
- Do you have current coverage in place? Yes No
 If no, please check/explain:
 New business operation Other, please explain: _____
- If yes:
 a) Name(s) of current carrier(s): _____ Expiration date(s): _____
 b) Is your current carrier non-renewing your coverage? Yes No
 If yes, why? _____
 c) In the past 4 years, have you had any losses? Yes No
 If yes, please provide current loss runs with at least 4 years of loss history, including your current year. In addition, please describe any liability or medical claims over \$5,000 that have been paid under your insurance coverage for those years.

Please select one option based upon the desired coverage period and limit needed.

Check if a higher liability (CGL) limit is required and indicate limit needed. \$ _____

Annual Coverage Option

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

Options	Option 1 - \$1,000,000 CGL	Option 2 - \$2,000,000 CGL
Rates (based on annual gross sales)	\$.00515	\$.00773
Minimum Premiums	\$ 500.00	\$ 750.00

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

Single Event Coordinator Coverage Option:

- Applies only during event, no before/after coverage
- Coverage cannot exceed 30 consecutive days

* includes \$15.00 risk purchasing group administration fee

Cost	Option 1 - \$ 1,000,000 CGL	Option 2 - \$ 2,000,000 CGL
	<input type="radio"/> \$ 173.00*	<input type="radio"/> \$ 252.00*

Should you have more than "1" single event, please provide event information, as requested below, for each event on a separate piece of paper and attach with this enrollment form. Separate policies will be issued for each event.

Name of event/activity: _____

Type of event/activity: _____

Date(s) of event/activity (including set up/tear down): _____ / _____ / _____ to _____ / _____ / _____

Hours of event: _____ A.M./P.M. to _____ A.M./P.M.

Location of event/activity: _____

Venue name Street address City State Zip

Premium calculation: \$ _____ x _____ = \$ _____
Rate from above # of Events Premium Due

Professional Liability Coverage - Only available with annual coverage option

Check here and skip this section if you do not want this coverage option

Premium is determined by applying the rate to the annual gross sales of your operations. If the calculated premium is less than the minimum premium, the total premium is the minimum premium. If higher limits are needed, please contact us. Limit requested: \$ _____

\$1,000,000 Professional Liability Rate	X	Annual Gross Sales	=	Premium	Minimum Premium	Greater of Two Totals = Premium Due
\$.003	X	\$	=	\$	\$ 500.00	\$

Hired Auto & Employers' Non-ownership Liability Coverage - Only available with annual coverage option

Check here and skip these questions if you do not want this coverage option

Coverage is contingent upon underwriting review and approval of the following questions

1. Are all drivers (employees and volunteers) over the age of 18? Yes No
2. Do you obtain MVRs for employees and volunteers who drive on your behalf? Yes No
3. Do all drivers (employees and volunteers) carry personal automobile liability insurance? Yes No

Rate: <input type="radio"/> \$250,000 Hired Auto & Employers' Non-ownership Liability	\$ 250.00
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Equipment and Contents Coverage (Inland Marine) - Only available with annual coverage option

Check here and skip this section if you do not want this coverage option

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, non-structural glass, 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: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)

2. Do you have a security system in place? Yes No
a. If yes, please describe: _____
3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? Yes No
a. If yes, please describe: _____
4. Please attach a complete inventory list with values of each item

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)	
$\$03 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \quad \$ \underline{\hspace{2cm}} \quad (D)$ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Total Replacement Value Equipment and Contents Premium (\$100.00 minimum premium applies) </div>	
<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)	
$\$026 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \quad \$ \underline{\hspace{2cm}} \quad (D)$ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Total Replacement Value Equipment and Contents Premium (\$100.00 minimum premium applies) </div>	

Sexual Abuse or Sexual Molestation Liability Coverage OR Abuse, Molestation or Harassment or Sexual Conduct Defense Cost Reimbursement

Coverage is contingent upon underwriting review and approval of the following questionnaire.

Check here and skip this section if you do not want this coverage option

1. Does your organization currently have employees, volunteers or independent contractors? Yes No
The term "Volunteers" means someone, including parent volunteers, who exerts control over or supervises participants.
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct Yes No been made against you or your organization or anyone working on behalf of your organization?
If yes, please explain: _____
3. Are you aware of any occurrences that could lead to a claim? Yes No
If yes please explain: _____
4. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No
If yes:
 - a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No
 - b. Are written procedures provided or available to each employee, volunteer, independent contractor or sanctioning/governing body member? Yes No
 - c. Does your written plan include reasonable procedures to limit one-on-one interactions between a minor and an adult (who is not the minor's legal guardian) to those that are observable by another adult and within an interruptible distance, except under emergency circumstances? Yes No
5. Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by your organization.
 Check here and skip the chart below if you have no employees, volunteers, or independent contractors

Please Complete All Questions	Employees (Check Here if No Employees <input type="radio"/>)	Volunteers/Independent contractors (Check Here if No Volunteers/Independent contractors <input type="radio"/>)
The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.		
Are employee/volunteer applications required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third party vendor/service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Please explain any "No" responses to questions asked in #5: _____

6. Calculate premium

Rates	
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	$\$0.00103 \times \underline{\hspace{2cm}} = \$\underline{\hspace{2cm}}$ (E) Annual gross sales from page 8 \$150.00 minimum premium applies
<input type="radio"/> Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$100.00 (E)

Once your enrollment form is approved, you will receive a Certificate of Insurance as evidence that coverage is bound. **Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.**

Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

1. When is this certificate needed? : ____/____/____
2. This certificate is for: General Liability Coverage Equipment & Contents/Inland Marine Coverage (if applicable)
3. What is the additional insured's relationship to you?
 Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter
 Lessor of equipment/contents (liability) Loss Payee (equipment/contents)
 Other (please identify/explain): _____

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

4. Certificate holder/additional insured name: _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____
5. Does the certificate holder/additional insured require any special wording or endorsements? Yes No
 If yes, check all that apply: CG2026 Primary Waiver of subrogation
 Other (please explain): _____

NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.

6. For specific events: 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: _____
7. For Loss Payee: Type of equipment (please describe): _____
 Replacement cost value: _____

The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct (unless optional liability coverage is purchased); 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 04/13 edition); Communicable disease; Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Operations outside of the U.S.; Outside concessionaires and vendors in conjunction with your business; Performers; Rodeos; Saddle animals; Snowmobile; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Athletic event promoters, Caterers, Concert promoters, Event production companies, Rental companies, Talent agencies/companies, Those who own their own retail store or event/banquet facility, Travel agencies.

COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERABLE ONCE COVERAGE BEGINS* COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE. CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.

Sexual Abuse/Sexual Molestation options are 100% fully earned at inception; as well as single event coverage is 100% fully earned at inception.

Program Premium (from page 8)	\$	
OPTIONAL COVERAGES:		
Professional Liability Premium (from page 8) - Optional coverage with annual policy only	\$	
Hired Auto & Employers Non-ownership Liability (from page 8) - Optional coverage with annual policy only	\$	
Equipment and Contents Premium (from page 9) - Optional coverage with annual policy only	\$	
Sexual Abuse/Sexual Molestation Premium: (from page 10) - Optional coverage with annual policy only ○ \$100,000 Defense Reimbursement Only OR ○ \$1,000,000 Liability Limit	\$	
Premium subtotal (add all lines above)	\$	(A)
Risk Purchasing Group Administration Fee (Required) - For annual coverage only	\$ 15.00	(B)
Total Cost Due (add lines A + B)	\$	

Electronic Disclosure and Consent and Warranty
PLEASE READ, COMPLETE #9 BELOW, AND SIGN ON PAGE 13

Electronic Signature Disclosure and Consent

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

Shoff Darby Companies (Shoff), whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through Shoff, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or my on-line registration process shall be requested by me by faxing, emailing or by mailing a written notice to: Shoff Darby Companies, Inc., 100 Technology Drive, Suite 200, Trumbull, CT 06611.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time, by faxing, emailing or mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at www.shoffdarby.com.
9. DOCUMENT DELIVERY. After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

If you **DO NOT** want to be emailed please check here and select your preferred method of document delivery. ○

- Fax to: _____ attn: _____
- Mail to: _____ attn: _____
- _____

Applicable in AL

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Applicable in AR, LA, MD, 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 DC

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 FL

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 KY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicable in ME, TN, 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 NM

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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 NY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH

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

Applicable in OK

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 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.

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.

Applicable in VA

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 benefits.

FRAUD APPS (2019/11)

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: _____

Applicant Business Name (from page 5): _____

Payment Method

Once your application has been approved we will email you the payment link for confirmation of the premium due. You will then have the option to pay by e-check or credit card. We will be notified when the payment has been made and will issue your certificate and email that to you as well.

If you do not have email access, please mail your application to us with a check or money order payment made payable to Shoff Darby Companies. Please provide contact information so we can confirm acceptance of the application and that the proper payment has been received.