



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

### ADDING AN EVENT TO AN EXISTING COVERAGE CONTRACT FORM

Certificate #: \_\_\_\_\_

Participating Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX #: \_\_\_\_\_

Contact Person for this Event: \_\_\_\_\_

#### GENERAL INFORMATION

Important: Please include any information that you feel will help the Association Underwriter understand this event and exactly what is being done to insure the safety of everyone involved.

Name of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Description of your Activities: \_\_\_\_\_

Number of Scheduled Events: \_\_\_\_\_

Scheduled Dates of Event: \_\_\_\_\_

Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Location or Venue Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Certificate Holder or Additional Insured Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_ Landowner \_\_\_ Sponsor \_\_\_ Other: \_\_\_\_\_

#### SPECTATORS

Capacity of Spectators per Performance or Event: \_\_\_\_\_

Estimated # of Spectators per Event:

\_\_\_ General \_\_\_ Reserved \_\_\_ Other (describe): \_\_\_\_\_

Price of Admission:

\_\_\_ General \_\_\_ Reserved \_\_\_ Other (describe): \_\_\_\_\_

Estimated Gross Attendance (all events or dates): \_\_\_\_\_

Estimated Gross receipts (all events or dates): \_\_\_\_\_

#### PARTICIPANTS AND VOLUNTEERS

Participant and Volunteer excess medical benefits will be quoted based on the following information.

1. Are all participants and volunteers required to complete a "Release of Liability" form?  Yes  No

If yes, please attach a copy of all forms used.

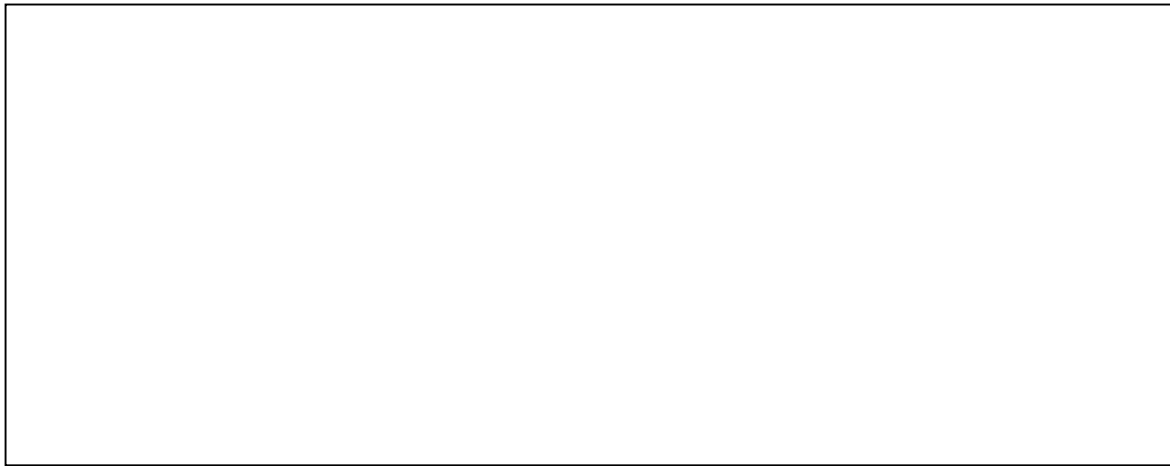
2. Total number of participants, per competitive class or rating:

- A. Class: \_\_\_\_\_ # of participants: \_\_\_\_\_  
B. Class: \_\_\_\_\_ # of participants: \_\_\_\_\_  
C. Class: \_\_\_\_\_ # of participants: \_\_\_\_\_  
D. Class: \_\_\_\_\_ # of participants: \_\_\_\_\_

3. Total number of volunteers: \_\_\_\_\_ Please describe all duties they will perform: \_\_\_\_\_  
\_\_\_\_\_

4. Do you want a quote for participant excess medical?  Yes  No  
5. Do you want a quote for volunteer excess medical?  Yes  No

Sketch a diagram of the facilities being used, identifying spectator, management and event areas. Remember, we are trying to provide you with the best possible rate. The more complete and detailed your answers are to all questions, the fewer assumptions the Underwriters will have to make.



**Note:** All Coverage Contract representations, Limits of Liability, SIRs, etc. will be the same as is specified in the original contract unless otherwise requested, in writing, and approved by the Association Underwriting office.