



SHORT TERM SPECIAL EVENTS Insurance Program and Enrollment Form

This brochure is valid for effective dates from 1/1/17 through 12/31/17

PROGRAM DESCRIPTION

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

- Total attendance is 12,000 or less*
- Maximum number of consecutive event days is 10 (not including set-up or tear down)
- Event is held at a single location (except for weddings – coverage can be extended to include the rehearsal, ceremony and reception as a single event)
- Event must take place in the United States

Lower premium options for single-day invitation-only events (1-500 attendees) are available online.

*Please contact us if your event is over 12,000 in total attendance.

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:

- Activist rallies, marches or literature distribution
- Airshows
- Animal obedience training
- Athletic events and competitions
- Bonfires
- Cinematography and photography for commercial use
- Circuses
- Color party, foam party or raves
- Events and/or concerts – involving rap, hip-hop, alternative or techno/DJ
- Events held on an airport premises
- Events honoring national and/or local celebrities or professional athletes
- Food eating contests
- Fraternity or sorority events (except alumni association off-site events that have been approved by us)
- Geocaching events
- Gun and/or knife shows
- Haunted attractions
- Health fairs or shows
- Historical battle reenactments
- In or on water activities
- Mazes (corn, hay or fence)
- Overnight retreats
- Parades
- Political events (except private fundraising auctions, benefits, dances, dinners)
- Pumpkin chuckin events
- Rodeos
- Seances
- Tailgating events (unless reported and approved by us)
- Tractor pulls
- Union meetings
- Walks/running events**

ELIGIBLE OPERATIONS

The following event operations are eligible for this program. Please note, this is not a complete listing. If you do not see your event operation listed, please contact us for eligibility.

- After prom parties (school-sponsored event only)
- Auctions
- Award presentations
- Ball/dances
- Banquets
- Bar mitzvah or bat mitzvah
- Bazaars
- Benefits
- Billiard events/tournaments
- Bingo games (for charity/fundraising only)
- Book signings
- Card games/events (for charity/fundraising only)
- Car/motorcycle/RV/boat shows- static display only
- Car washes (for charity/fundraising only)
- Casino events (for charity/fundraising only)
- Celebrations (holiday, New Year)
- Chamber of commerce business event/mixer
- Charity events
- Chess events
- Christmas caroling (single location)
- Christmas lighting ceremony
- Concerts – other than techno/DJ, alternative, rap or hip-hop (call for approval)
- Conventions
- Debuts or debutante balls
- Dinners, luncheons or showers
- Direct selling consultant parties
- Easter egg hunts
- Farmers' markets
- Festivals
- Film screening or showings
- Flea markets or swap meets
- Food cooking contests
- Graduation ceremonies
- Job fairs
- Lectures/seminars/workshops
- Meetings
- Memorial services
- Pageants
- Parties
- Picnics (no in or on water activities)
- Poet or poetry readings
- Proms
- Quinceañera
- Recitals (dance, music)
- Religious events
- Reunions
- Sales (bake, charity, consignment, estate, garage)
- School band or drill team competitions
- School carnivals (no rides/inflatables)
- Showers (baby, bridal, wedding)
- Shows (animals-arena setting only, antique, art, baby, business, collector, consumer, craft, fashion, flower, garden, home, stage, wedding)
- Social gatherings or receptions
- Speaking engagements
- Talent search/shows - children only
- Telethons
- Theatrical performances or musicals
- Walking tours (garden, holiday, parade of homes, historical sites) - single location
- Wedding activities* (rehearsal, ceremony or reception)

* For walks and/or running events, please contact us for additional information.

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-does not apply to structures that are not designed to bounce on, slide on, ride on or tunnel through)
- Animals (injury or death to any animal or injury, death or property damage caused by your animal)
- E-commerce consulting
- Employment-related practices
- Events held at multiple locations (except for weddings)
- Events with over 12,000 in total attendance
- Fireworks
- Operations of concessionaires, exhibitors and/or vendors at your event
- Petting zoos
- Room and board liability
- Saddle animals
- 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 | Option 3 | Option 4 | Option 5 |
|---|---------------|---------------|---------------|---------------|---------------|
| Commercial General Liability | Limits | Limits | Limits | Limits | Limits |
| Each Occurrence | \$ 1,000,000 | \$ 2,000,000 | \$ 3,000,000 | \$ 4,000,000 | \$ 5,000,000 |
| General Aggregate (other than Products-completed Operations) | \$ 5,000,000 | \$ 5,000,000 | \$ 5,000,000 | \$ 5,000,000 | \$ 5,000,000 |
| Products-completed Operations Aggregate | \$ 1,000,000 | \$ 2,000,000 | \$ 3,000,000 | \$ 4,000,000 | \$ 5,000,000 |
| Personal and Advertising Injury | \$ 1,000,000 | \$ 2,000,000 | \$ 3,000,000 | \$ 4,000,000 | \$ 5,000,000 |
| Damage to Premises Rented to You (Fire Legal Liability) | \$ 300,000 | \$ 300,000 | \$ 300,000 | \$ 300,000 | \$ 300,000 |
| Medical Expense | \$ 5,000 | \$ 5,000 | \$ 5,000 | \$ 5,000 | \$ 5,000 |
| Premiums | | | | | |
| Attendance of 1 - 1,500 | \$ 395 | \$ 593 | \$ 843 | \$ 1,093 | \$ 1,343 |
| Attendance of 1,501 - 3,000 | \$ 610 | \$ 915 | \$ 1,165 | \$ 1,415 | \$ 1,665 |
| Attendance of 3,001 - 6,000 | \$ 1,220 | \$ 1,830 | \$ 2,135 | \$ 2,385 | \$ 2,635 |
| Attendance of 6,001 - 12,000 | \$ 2,105 | \$ 3,158 | \$ 3,684 | \$ 4,000 | \$ 4,250 |

Commercial General Liability – coverage that protects the insured against liability claims for bodily injury and property damage arising out of their operations.

NOTE: Host Liquor Liability – (as provided by CG 00 01 04/13) is included but only if the insured is not in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages.

OPTIONAL COVERAGES AVAILABLE

Liquor Liability

Liquor liability coverage pays those sums that the insured becomes legally obligated to pay as damages because of bodily injury or property damage imposed on the insured by reason of the selling, serving or furnishing of any alcoholic beverage.

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your business organization with our Short Term Special Events 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 Short Term Special Event Insurance Program.
3. Coverage is not available for Alabama, Iowa, Michigan or Vermont applicants.

| Attendance | Location of Event | Option 1 \$500,000 Limit | Option 2 \$1,000,000 Limit |
|----------------|--|-----------------------------|-------------------------------|
| 1 - 1,500 | All states other than AL, IA, MI or VT | \$ 445 | \$ 529 |
| 1,501 - 3,000 | All states other than AL, IA, MI or VT | \$ 534 | \$ 635 |
| 3,001 - 6,000 | All states other than AL, IA, MI or VT | \$ 748 | \$ 889 |
| 6,001 - 12,000 | All states other than AL, IA, MI or VT | Referral to Company | Referral to Company |

OPTIONAL COVERAGES CONTINUED

Medical Expense

This option allows you to purchase additional limits above the \$5,000 of medical expense already included. Medical expense coverage includes payments for injuries sustained by the event attendees caused by an accident that takes place on the event premises. Injuries must be reported within one year of the accident.

Premiums are based upon each \$5,000 increment up to an additional \$20,000

| Attendance | 1-1,500 | 1,501-3,000 | 3,001-6,000 | 6,001-12,000 |
|-----------------------|---------|-------------|-------------|--------------|
| Premium per Increment | \$ 75 | \$ 150 | \$ 300 | \$ 600 |

FREQUENTLY ASKED QUESTIONS

1. How soon does coverage start? When will we receive proof of coverage?

Coverage can be bound the date 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. For many, this is the first day that your organization has set up for the event. Coverage will be in effect for the time period of the event.

3. Who would be listed as the named insured?

The named insured should be the organization or the individual who is the organizer of the event. This would be the legal name of the organization or, if no legal entity exists, the name under which the organization operates (such as the name listed on marketing material or contracts).

4. Am I able to buy this coverage if I am having an event at my own location/home?

Yes, as long as you meet eligibility requirements you may purchase coverage under this program. Please note that the purchasing of this policy may not eliminate any claims being presented/paid under any other policies. This policy could share losses with other applicable policies.

5. I have been asked by the facility that I am using for the event to add them as an additional insured to my policy. What does this mean and how do I do that?

An additional insured is an entity which has an insurable interest for claims arising out of your negligence as the named insured. Such possible entities are a landlord or sponsor. By providing an entity additional insured status they now are entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You can add an entity as an additional insured under

the certificate request section of the enrollment form. Please remember to provide their complete name, address and relationship to you. All requests must be made in writing.

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

You will receive a certificate of insurance as proof of coverage. Coverage is offered 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 receives 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: Ascension Benefits & Insurance Solutions, P.O. Box 25936, Overland Park, KS 66225 or e-mail programs@ascensionins.com.

FOUR EASY WAYS TO ENROLL FOR COVERAGE

WEB Receive coverage immediately by purchasing online at www.ascensionins.com/programs

Submit this enrollment form, with payment, to us.



E-MAIL programs@ascensionins.com



FAX 1-913-327-0201



MAIL Regular: Overnight:

Ascension Benefits & Insurance Solutions
P.O. Box 25936
Overland Park, KS 66225

Ascension Benefits & Insurance Solutions
9225 Indian Creek Parkway,
Suite 700
Overland Park, KS 66210



QUESTIONS Call 1-800-955-1991



Enrollment Form - Short Term Special Events

Valid for effective dates from 1/1/17 through 12/31/17

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 4-9) with payment

GENERAL INFORMATION

I am a new account I am renewing my coverage

Full legal name of business or event: _____

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.

Applicant is a: Sole Proprietorship Limited Liability Co. Corporation Partnership
 Other (describe): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (____) _____

Cell: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

BUSINESS INFORMATION

1. Are overnight accommodations or camping facilities part of the event? Yes No

2. Will this event feature any of the following activities? Yes No

- Rides, amusement devices or inflatable recreational devices
- Petting zoos or animals • Fireworks or pyrotechnics • Concessionaires, exhibitors or vendors

The exposures/activities listed above are not covered by this program and any resulting claims will be denied. If you wish to cover any of these activities, please contact us to determine if other coverage options are available. If any of these 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.

3. Is this event held at multiple locations? Yes No

4. Is this event held annually? Yes No

5. Is there a musical or entertainment performance at the event? Yes No

If yes, please indicate the type of performer(s): _____

If a musical performer/DJ, please provide the type of music provided/performed: _____

6. Alcoholic beverages: _____

- Will not be allowed or available at the event.
- None provided by named insured and/or only attendees allowed to bring their own alcoholic beverages (BYOB).
- Will be sold at the event. (e.g.: individual drinks are offered for sale for cash or with pre-purchased tickets)
If sold, who holds the liquor license or permit?
 Insured Caterer or vendor Facility Sponsor
- Will be furnished without a charge at the event. (e.g.: wine and beer are served for free; or event has \$100 admission fee and wine is served with dinner for free)
If furnished, is the insured required to obtain a liquor license?
 Yes No
- Will be both sold and furnished at the event. (e.g.: providing wine and beer for free, but also having a cash bar)
If sold and furnished, who holds the liquor license or permit?
 Insured Caterer or vendor Facility Sponsor

For events with more than 3,000 in attendance, please complete the following:

1. Who provides security for this event?
 City County State Employees Private Agency Private No Security in place
 If security is provided:
 - a. Who contracts the security? Insured Facility
 - b. Is the security personnel for the event armed? Yes No
 - c. If a private agency, do they provide you with a Certificate of Insurance naming you as an additional insured? Yes No
2. Do you have any medical personnel onsite? Yes No
 If no: Distance to the nearest hospital _____ Response time in minutes _____
3. Do you have a plan for your staff if it becomes necessary to evacuate the event site due to emergency or adverse weather? Yes No
4. Are daily inspections/walk throughs of the event premises conducted to address possible trip and fall or other hazardous exposures? Yes No
5. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?
 Name(s): _____ Expiration date(s): _____
6. Is your current carrier non-renewing your coverage? Yes No
 If yes, why? _____
7. Please list and describe any liability or medical claims that have been paid under your insurance coverage for the past three (3) years, including the amount paid. (If you have loss information, please provide a copy.)

1. Name of event: _____
2. Type of event:
 Auction – Describe: _____ Ball/Dance – Describe: _____ Concert – Describe: _____
 Festival – Describe: _____ Fundraiser – Describe: _____ Sale – Describe: _____
 Show – Describe: _____ Other – Describe: _____
3. List activities at event: _____
4. Dates of coverage (including set-up and tear-down) ____ / ____ / ____ to ____ / ____ / ____
5. Event date(s) ____ / ____ / ____ to ____ / ____ / ____
6. Hours of event (including set-up and tear-down): ____ A.M./P.M. to ____ A.M./P.M.
7. Total attendance at event (average daily attendance x the # of event days): _____
8. Event location (Name and full address): _____
9. Is your event held:
 - a. Indoors Outdoors
 - b. Private residence Convention center Arena Stadium Hotel Fair grounds
 Liquor-licensed establishment Other (please describe): _____

Ascension Benefits & Insurance Solutions • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991
E-mail = programs@ascensionins.com • Fax 1-913-327-0201 • www.ascensionins.com/programs
 Ascension Benefits & Insurance Solutions conducts business as Ascension Benefits and Insurance Solutions; in AK, AZ, CA, DC, HI, KY, LA, MA, MT, NE, NV, NH, OK, SC, SD and WV as Ascension Benefits & Insurance Solutions Sports and Recreation; or in ND as Ascension Benefits Brokerage & Insurance Solutions; or in NY as Ascension Benefits Brokerage & Insurance Solutions Sports & Recreation. CA #0334819, TX #1657333

10. Premium is determined by the total attendance (daily attendance times the actual number of event days). Please select an option based upon your attendance at the event.

| Attendance | Option 1 \$1,000,000 CGL | Option 2 \$2,000,000 CGL | Option 3 \$3,000,000 CGL | Option 4 \$4,000,000 CGL | Option 5 \$5,000,000 CGL |
|----------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 - 1,500 | <input type="radio"/> \$ 395 | <input type="radio"/> \$ 593 | <input type="radio"/> \$ 843 | <input type="radio"/> \$ 1,093 | <input type="radio"/> \$ 1,343 |
| 1,501 - 3,000 | <input type="radio"/> \$ 610 | <input type="radio"/> \$ 915 | <input type="radio"/> \$ 1,165 | <input type="radio"/> \$ 1,415 | <input type="radio"/> \$ 1,665 |
| 3,001 - 6,000 | <input type="radio"/> \$ 1,220 | <input type="radio"/> \$ 1,830 | <input type="radio"/> \$ 2,135 | <input type="radio"/> \$ 2,385 | <input type="radio"/> \$ 2,635 |
| 6,001 - 12,000 | <input type="radio"/> \$ 2,105 | <input type="radio"/> \$ 3,158 | <input type="radio"/> \$ 3,684 | <input type="radio"/> \$ 4,000 | <input type="radio"/> \$ 4,250 |

Liquor Liability (not available for AL, IA, MI, or VT applicants)

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

If liquor liability coverage is desired, please complete the following questions.

- Is the named insured required to obtain a liquor license or permit? Yes No
 If yes: Please provide the name of the liquor license/permit holder: _____
 Please provide relationship to named insured: _____
 Please provide the liquor license/permit number: _____
- Are alcoholic beverages (please select one):
 Sold? Provide the dollar value of alcoholic beverage sales _____ and food sales _____ at the event
 Included as a part of the admission charge?
 Served or furnished without a charge?
- What types of alcoholic beverages are being sold/served? (please describe): _____
- Have you ever been fined or had a liquor license/permit revoked or suspended? Yes No
- Has any insurer cancelled or non-renewed your coverage during the past 3 years? Yes No
- Are patrons allowed to carry alcoholic beverages onto the premises during your event? Yes No
- Are alcoholic sales and consumption contained within a fixed and/or secured area? Yes No
- Has at least one server at this event had formalized alcohol awareness training? Yes No
 If yes, please provide the type of training (e.g.: TIPs, TAMs, TABC): _____
- Are ID's checked at the event? Yes No
- Will alcohol stop being served/sold at least (1) hour prior to the end of the event? Yes No

Please select option based upon total attendance of the event and the location of the event.

| Attendance | Location of Event | Option 1 \$500,000 Limit | Option 2 \$1,000,000 Limit |
|----------------|--|------------------------------|-------------------------------|
| 1 - 1,500 | All states other than AL, IA, MI or VT | <input type="radio"/> \$ 445 | <input type="radio"/> \$ 529 |
| 1,501 - 3,000 | All states other than AL, IA, MI or VT | <input type="radio"/> \$ 534 | <input type="radio"/> \$ 635 |
| 3,001 - 6,000 | All states other than AL, IA, MI or VT | <input type="radio"/> \$ 748 | <input type="radio"/> \$ 889 |
| 6,001 - 12,000 | All states other than AL, IA, MI or VT | Referral to Company | Referral to Company |

Additional Limits of Medical Expense

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

Please select an option based upon your attendance at the event.

| Attendance | Additional \$5,000 Limit | Additional \$10,000 Limit | Additional \$15,000 Limit | Additional \$20,000 Limit |
|----------------|------------------------------|-------------------------------|--------------------------------|--------------------------------|
| 1 - 1,500 | <input type="radio"/> \$ 75 | <input type="radio"/> \$ 150 | <input type="radio"/> \$ 225 | <input type="radio"/> \$ 300 |
| 1,501 - 3,000 | <input type="radio"/> \$ 150 | <input type="radio"/> \$ 300 | <input type="radio"/> \$ 450 | <input type="radio"/> \$ 600 |
| 3,001 - 6,000 | <input type="radio"/> \$ 300 | <input type="radio"/> \$ 600 | <input type="radio"/> \$ 900 | <input type="radio"/> \$ 1,200 |
| 6,001 - 12,000 | <input type="radio"/> \$ 600 | <input type="radio"/> \$1,200 | <input type="radio"/> \$ 1,800 | <input type="radio"/> \$ 2,400 |

| | |
|--|-----------|
| Program Premium - Commercial General Liability (Required Coverage) - from page 6 | \$ |
| Liquor Liability Premium (Optional Coverage) - from page 6 | \$ |
| Medical Expense Premium (Optional Coverage) - from page 7 | \$ |
| Premium Due - Subtotal (add lines above) | \$ |

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.

Note: Additional insureds are not automatically provided/issued per previous policy terms. You will need to request Additional Insureds that are needed for this policy term below.

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
 Franchisor Other (please identify/explain): _____

Date certificate 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): _____

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. If you have an insurance agent, all documents will be delivered to your agent only. 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: _____

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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% 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.

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 or agent signature: _____ Date: _____

Printed name: _____ Title: _____

If an agent: Check here to acknowledge you are signing on behalf of the named insured.

Applicant Business/Event Name (from page 4): _____

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, water slide, any inflatable recreation 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 any animal, or injury, death or property damage caused by an animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 04/13 edition); E-commerce consulting; Employment-related practices; Events held outside the United States; Events held at multiple locations (except for weddings); Events with over 12,000 in total attendance; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Operations of concessionaires, exhibitors and/or vendors at your event; Performers; Petting zoos; Room and board liability; Saddle animals; Snowmobile; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending material or information; Those operations listed as ineligible: Activist rallies, marches or literature distribution; Airshows; Animal obedience training; Athletic events and competitions; Bonfires; Cinematography and photography for commercial use; Circuses; Color party, foam party or raves; Events and/or concerts - involving rap, hip-hop, alternative or techno/DJ; Events held on an airport premises; Events honoring national and/or local celebrities or professional athletes; Food eating contests; Fraternity or sorority events (unless reported and approved by us); Geocaching events; Gun and/or knife shows; Haunted attractions; Health fairs or shows; Historical battle reenactments; In or on water activities; Mazes (corn, hay or fence); Events involving any motorized vehicle(s) in, or while in practice for, or while being prepared for, or while qualifying for, or while testing for any racing, speed, demolition, distance, or stunting activity; Overnight retreats; Parades; Political events (except private fundraising auctions, benefits, dances, dinners); Pumpkin chuckin events; Rodeos (any rodeo activity including, but not limited to, bronco or bull riding, steer roping, team roping, barrel racing or horseback riding); Seances; Tailgating events (unless reported and approved by us); Tractor pulls; Union meetings; Walks/running events.

AGENTS ONLY

TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM

Agency name: _____
 Agency mailing address _____
 City: _____ State: _____ Zip: _____
 Agent/contact name: _____
 Agency telephone: (_____) _____ Agency fax: (_____) _____
 Agent/contact e-mail address: _____ Tax ID #: _____

PAYMENT INFORMATION

Step 1: Calculate Final Cost

| | |
|---|-----------------|
| Total Premium Due (from page 7) | \$ _____ |
| 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 Ascension Benefits & Insurance Solutions
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 Ascension Benefits & Insurance Solutions to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____