



EVENT PLANNER

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 4/1/17 through 3/31/18

Sexual Abuse/Molestation Liability Now Available Higher liability limit options available

PROGRAM DESCRIPTION

This program has been designed for U.S.-based event planners. Coverage provided includes important liability protection for bodily injury or property damage arising out of their operations and premises. 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 or visit our website at www.ascensionins.com/programs

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
- 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.

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

OR

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

COVERAGES AND LIMITS

Coverages	Option 1	Option 2
Commercial General Liability (CGL):	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
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Rates (based on annual gross sales)	\$.00515	\$.00773
Minimum Premiums	\$ 500.00	\$ 750.00

* 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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OPTIONAL COVERAGES AVAILABLE

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

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) with Additional Coverage Endorsement

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.

NEW – 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 - \$5,000 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

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

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 CONTINUED

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

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: Ascension Benefits & Insurance Solutions, P.O. Box 25936, Overland Park, KS 66225 or programs@ascensionins.com.

Note: This program is intended to cover liability coverage for the planning and organizing of the event planner. 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

FOR NEW ACCOUNTS ONLY

1. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?
 Name(s): _____ Expiration date(s): _____
2. Is your current carrier non-renewing your coverage? Yes No
3. 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.)

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

AGENTS ONLY

Agency name: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

Agent/contact name: _____

Agency telephone: (____) _____ Agency fax: (____) _____

Agent/contact e-mail address: _____ Tax ID #: _____

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. 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: _____

PROGRAM PREMIUM CALCULATION

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.**

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

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)

OPTIONAL COVERAGES PREMIUM CALCULATION

Professional Liability Coverage

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	\$

Equipment and Contents Coverage (Inland Marine)

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; font-size: small;"> 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; font-size: small;"> 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**

Check here and skip this section if you do not want this coverage option
Coverage is contingent upon underwriting review and approval of the following questionnaire.

1. Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present? Yes No
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? Yes No
- a. Are you aware of any occurrences that could lead to a claim? Yes No

If yes to 2. or 2.a., please explain: _____

3. 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
- 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 or sanctioning/governing body member? Yes No
- c. Do the written procedures establish and require adherence to the "three person rule"? ("Three person rule" prohibits one adult from being alone with one youth. A second adult must be present, or there must be two or more youths with an adult.) Yes No

If no, do the procedures establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities? Yes No

4. Please complete the following questions regarding employee and volunteer screening controls used by your organization.
- Check here and skip the chart below if you have no employees or volunteers, but always require the presence of at least two adults whenever minors are present.

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"/>)
<small>*The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.</small>		
Are written applications required? 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? 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 <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <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? 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	<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 #4: _____

Rates	
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	\$0.00103 x _____ = \$ _____ (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)

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

Hired Auto & Employers' Non-ownership Liability Coverage

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

Program Premium (from page 8)	\$
OPTIONAL COVERAGES:	
Professional Liability Premium (from page 8)	\$
Equipment and Contents Premium (from page 9)	\$
Sexual Abuse/Sexual Molestation Premium: (from page 10) <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$
Hired Auto & Employers Non-ownership Liability (from above)	\$
Premium Due-subtotal (add all 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.

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

Check the type of certificate you are requesting: Add additional insured Proof of coverage only Loss payee

Certificate holder information: Entity name: _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____

Relationship to named insured: Owner/lessor of premises Sponsor Co-promoter
 Lessor of equipment and contents Other (please identify/explain): _____

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): _____

Date certificate needed by: _____ / _____ / _____

If applicable:

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: _____

For Equipment & contents/Loss payee:

Type of equipment (please describe): _____ Replacement cost limit: _____

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.

READ AND SIGN

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 Name (from page 5): _____

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); 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 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.

*See page 3. Sexual Abuse/Sexual Molestation is 100% earned at inception.

Step 1: Calculate Final Cost

Total Premium Due (from page 11)	\$ _____
Risk Purchasing Group Administration Fee (REQUIRED to be able to process enrollment)	\$ <u> 15.00 </u>
TOTAL COST DUE	\$ _____

Step 2: Select Payment Plan: Check one.

- 100% Plan** - 100% of the total premium is due to bind coverage
- 30% / 70% Plan**
 - 30% of the total premium + \$15 RPG fee is due to bind coverage
 - The balance of the premium (70%) will be due within 30 days of the effective date
- 25% + 3 Plan**
 - 25% of the total premium + \$15 RPG fee is due to bind coverage
 - The balance of the premium will be due in (3) consecutive monthly installments
- Check here if you prefer to be mailed an invoice for any future balance/installments.**
If paying by credit card, any outstanding balances or installments will be charged to the same card number provided below, unless you have checked the box above.

Step 3: Making your Payment:

- 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** _____