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**SPECIAL EVENT LIABILITY GROUP INSURANCE TRUST
PROGRAM MANUAL**

Effective January 1, 2003

This manual is for use by Cities, Counties, School Districts, Special Districts, Joint Power Authorities and Private Facility Owners participating in the Special Event Liability Group Insurance Trust, administered by Diversified Risk Insurance Brokers.

If there are any questions concerning the content or instructions contained in this manual, please contact Diversified Risk Insurance Brokers at (510) 547-3203.

***Please keep this manual intact.
Do not distribute sections of it.***

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INTRODUCTION

Special Event Liability Group Insurance Trust is a fully insured Risk Purchasing Group, domiciled in California and formed for the purpose of allowing members to group purchase liability insurance for their special events. Members include event holders, sponsors, promoters, concessionaires, vendors, exhibitors, caterers and entertainers.

Special Event Liability Group Insurance Trust is administered by Diversified Risk Insurance Brokers, 5900 Christie Avenue, Emeryville, CA 94608.

The Group Insurance Program addresses the risk management and risk financing requirement of facility owners that rent their halls, auditoriums, streets, land, fields, etc. to event holders and require minimum levels of insurance as a condition of the rental.

Facility owners are provided with this program manual, so that they can easily, efficiently and inexpensively provide an insurance option to event holders.

Event holders purchasing coverage in this Group Insurance Program become members of the Trust.

Outline of Special Event Liability Group Insurance Trust Policy

Insurance Company and Best's Rating:	General Star Indemnity Co. A++ XV Genesis Indemnity Insurance Co. A++ XV
Named Insured:	1) Special Event Liability Group Insurance Trust 2) All Members
Additional Insured:	1) Owners, Lessors, Managers of Premises 2) Other Additional Insureds as Scheduled
Policy Form:	ISO Occurrence Commercial General Liability Form (CG 0001 1001) including Premises/ Products & Completed Operations, Personal and Advertising Injury, Contractual Liability, Host Liquor, Broad Form Property Damage. Liquor Liability is included when a separate premium has been charged.
<u>Primary</u>	<u>Excess</u>
Limits: \$1,000,000 General Aggregate \$1,000,000 Products Aggregate \$ 250,000 Personal & Advertising Injury \$ 250,000 Each Occurrence \$ 50,000 Fire Legal Liability \$ 2,000 Medical Payments	Limits: \$1,500,000 General Aggregate \$1,500,000 Products Aggregate \$ 750,000 Personal & Advertising Injury \$ 750,000 Each Occurrence
Optional Excess Limits:	Up to \$5,000,000 Each Occurrence & Aggregate
Deductible:	None
Premium:	The Facility Owner will be responsible for completing the evidence of coverage form and premium collection.

Special Conditions:

- 1) Limits apply separately for each event.
- 2) When required by written contract, coverage is primary and any insurance carried by the Additional Insureds is excess and not contributing.
- 3) Bodily Injury claims to participants are not excluded, subject to an exception for athletic participants who fail to sign Waiver & Release of Liability forms. Refer to **Section 12**.
- 4) Coverage applies only to insured event types as scheduled in the manual.
- 5) Certain events are excluded from coverage – Refer to Page 4-1 for complete list of excluded events.
- 6) Provides 30-day notice of cancellation.
- 7) Vendors, Exhibitors and Concessionaires at an event can be added as Insureds for an additional premium charge.
- 8) Terrorism Insurance is included except when the Event Holder rejects the offer of Terrorism Insurance.

Specific Event Exclusions

The following types of events are specifically excluded and no coverage for them exists on our policies. We cannot cover:

Aircraft	Kayaking, Rafting or Canoeing in greater than Class 3 rapids
All Terrain Boarding	Mechanical Amusement Rides or Services
Balloon Rides	Motorized Sporting Equipment
Base Jumping	Mosh Pits
Bouldering	Mountain Biking
Boxing, Wrestling, Hockey or Contact Karate, or Martial Arts events	Power Boat Racing
Bungee Jumping	Professional Sporting Activity; Games, Races, Contests of a professional nature
Circuses	Pyrotechnics and Explosives
Carnival Rides	Rap or Heavy Metal Concerts
Concerts with performances exceeding 6 hours of performance time	Rock Climbing
Concert or Dance with Mosh Pit	Rodeo and/or Roping Events (including practice)
Diving	Scuba Diving
Hang Gliding	Tractor/Truck Pulls

Procedure For Issuing Coverage

- Step 1 Have the permit applicant complete the "Event Holder Application" form. Review it with the applicant to be sure you have comprehensive information regarding their planned event.
- Step 2 **Classify** the event according to the "Schedule of Hazard/Risk Classifications" in this manual. **IMPORTANT**: Make certain that event qualifies. When classifying event, always refer to ***"Ineligible Hazards or Activities List"*** and ***"Procedure for Referring Events for Approval"***.
- Step 3 **Calculate** the event premium by classification and attendance accordingly.** Remember to include the processing fee, state taxes and stamping fee. Remember to include the separate Terrorism Insurance Premium.
- Step 4 Complete the Special Event Quote Form. Require the Event Holder to return the quote form when they order coverage. If Terrorism Coverage is being rejected, the Event Holder must sign the rejection.
- Step 5 **Collect** the premium before issuing the Certificate of Insurance. The applicant's payment should be made payable to the participating Facility Owner.
- Step 6 **Complete** the Certificate of Insurance 5-Part Form*. Disburse the form as follows:
- The Event Holder must sign the TRIA Rejection Form at the bottom if they are rejecting the Terrorism Insurance Coverage.
- | | |
|--------------------|--|
| White Copy: | Give to the event holder, <u>along with the Disclosure Statement</u> |
| Yellow Copies (2): | To be attached to and logged on the monthly report form according to the month the event is to be held. This will be sent to Diversified Risk along with the monthly reporting form. |
| Green Copy: | Attach to the permit and/or permit application file for your records. |
| Gold Copy: | Extra copy for your use. |
- Step 7 **Provide** the Event Holder with the Disclosure Statement, advising that this insurance is issued by non-admitted insurance companies and is not covered by the State's insolvency guarantee fund.
- Step 8 **Log** the event on the "Monthly Report Form" according to the month the event is to be held. This is to be done at the time the Certificate is issued to the event holder. Be sure to fill in the Terrorism Insurance Premium Section for every event. If Terrorism Insurance is rejected show \$0. For specific instructions, refer to ***"Completing the Monthly Report Form"***.
- Step 9 **Deposit** the premium in the 5 private account designated by your Finance Department.
- Step 10 Send Report and related information to Diversified Risk. Refer to ***"Reporting Procedure"***.

*See "Coverage Certificate" section of Manual

****Can not sell Liquor Liability only. In order to obtain Liquor Liability coverage, we must also provide General Liability Insurance for the Insured shown on the Coverage Certificate.**

Procedure for Referring Events for Approval

Certain events must be referred to the underwriter for approval and quoting. These include:

- 1) Any Event for which the Manual does not provide a premium or classification
- 2) Any Event with over 10,000 people in attendance
- 3) Any Event with Athletic or Sports activities
- 4) Any Event with an activity listed on the ***“Ineligible Hazards or Activity List”***
- 5) Events which have unique or higher risk exposures or activities
- 6) Events requiring a limit of liability greater than \$1,000,000 per Occurrence
- 7) An event with music where the attendance is over 500
- 8) Events where you have knowledge that the Event Holder has, during the past five years, held special events and you are aware an accident or claim occurred during that Special Event.

- Step 1 Have the event holder complete the ***“Long Form Event Holder Application”*** form. Provide a complete list of all activities and exposures, including those provided by vendors or independent contractors. Also, identify those activities that are provided by vendors or independent contractors from whom you require evidence of insurance that names you as Additional Insured. Identify each activity where a waiver and release of liability is required to be signed by each participant. Include a sample of the waiver form which will be used.
- Step 2 Fax the signed application to Diversified Risk with all supporting information. Fax #: 510-547-5648. Diversified Risk will review the information and contact you with any questions.
- Step 3 Diversified Risk will forward the event information to the underwriter for approval and will fax the underwriter’s response or quote to you.
- Step 4 You are to collect the premium and notify the event holder of any underwriting requirements, before issuing the Certificate of Insurance. The applicant's payment should be made payable to the participating Facility Owner.
- Step 5 If event is approved for coverage, proceed to Step 5 under “Procedure for Issuing Coverage”.

****Can not sell Liquor Liability only. In order to obtain Liquor Liability coverage, we must also provide General Liability Insurance for the Insured shown on the Coverage Certificate.**

Completing the Monthly Report Form

- Monthly reports are required from you every month regardless of whether or not coverage was issued.
- The Certificates listed on a monthly report should reflect the month of the report. I.e., events that took place in January should be listed on the January report. Events that took place in February should be listed on the February report, etc.
- If a Certificate of Insurance includes event dates occurring in more than 1 month, it is to be included on the report for the earliest month in which there is an event date. The total premium for all the event dates are to be reported and paid on the earliest month's report.
- Show a Terrorism Premium for every event. If Terrorism Insurance is rejected by the Event Holder, show "0".
- Complete the columns both across and down. Double-check your addition both ways before issuing your check for the total.
- Sign and date the report each month. We will then know to whom our questions should be directed.
- These reports may be hand written, typed, or computerized. If you computerize the report, all information must match the enclosed sample **exactly**.
- Be sure to read the "Reporting Procedure" section of this manual.

Reporting Procedure

Step 1 The first working day of each month:

- (1) Total all columns, date and sign the Monthly Report covering events held in the previous month. Example: Events held in January are to be listed on the January report and is due February 15th.

IMPORTANT: A monthly report is **required, even if no events were held.**

- (2) Request from your Finance Department, a check payable to *Diversified Risk* for the exact amount of the total premium including the processing fee, state taxes & stamping fees.
- (3) Make two copies of the original report. Original plus one copy for *Diversified Risk*; and one copy for your records

Step 2 After the check is issued to *Diversified Risk*:

- (1) Attach the check to the original monthly report form.
- (2) Attach the Special Event Liability Insurance Quote Form to one of the Yellow Certificate Forms, which you are mailing to *Diversified Risk*. This form must be signed by the Event Holder if they are rejecting the Terrorism Insurance coverage.
- (3) Mail the original and one copy of the report form, along with two yellow copies of each Certificate listed on it to *Diversified Risk* at 5900 Christie Avenue, Emeryville, CA 94608.

Due Date: Reports, certificates and premium are due at *Diversified Risk* by the 15th of each month. (Example: Events that occur in January are reported to *Diversified Risk* by February 15th.)

No Events: On the Monthly Report form, write “No events” and mail it to *Diversified Risk*.

Voided Certificates: List on Monthly Report form as “Void” and send all pages to *Diversified Risk*.

Canceled Events: Obtain the original Certificate from the Permit Holder if you can and write on it “Canceled”, then mail it and all copies to *Diversified Risk* with the Monthly Report. Also indicate on the Monthly Report that the event was canceled.

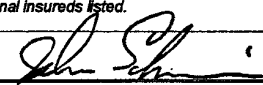
Coverage Certificate Instructions

When completing the Certificate of Insurance:

- (1) Type your (Facility Owner's) name and address in the "Facility Owner (Additional Insured)" box on the certificate.
- (2) Type the Permittee's (Event Holder) name and address in the "Insured Event Holder (Named Insured/Member)" box on the certificate.
- (3) If owners, lessors, or managers of premises need to be additional Insureds, type their names and addresses in the box indicated at the bottom of the certificate.
- (4) If vendors, exhibitors or concessionaires are to be named as Insureds, attach a separate page to the certificate listing their names, mailing addresses, phone numbers and contact person. In the "Insured Event Holder" box, underneath the event holder, type "per attached vendor list". Be sure to charge the appropriate additional premiums for this coverage (**See Lessee's Rate schedule**).*
- (5) If the Event Holder wishes to reject the Terrorism Insurance and have Terrorism excluded, they must sign the TRIA rejection notice on the bottom of the Certificate.
- (6) IF AN EVENT IS CANCELED: Write canceled across all copies of the certificate issued for that event and send it to *Diversified Risk* with the Monthly Report accordingly.
- (7) If limits in excess of \$1,000,000 per occurrence are desired:
 - (a) Contact *Elise Fisher*, or *Mary Tuttle* at *Diversified Risk* for a premium quote at (510) 547-3203. Remember that the "Long Form Event Holder Application" must be completed and submitted.
 - (b) After receiving approval to quote and issue the excess limits, type the limit on the certificate of insurance in the appropriate space.
- (8) Disburse the certificate of insurance according to the instructions in the "**Procedures for Issuing Coverage**" section of this manual.

*This coverage is not intended to include Products Liability for the Vendors/Exhibitors or Concessionaires.

CERTIFICATE OF INSURANCE – SPECIAL EVENT LIABILITY GROUP INSURANCE TRUST

FACILITY OWNER (Additional Insured):		PRODUCER:		CA License #0529776		
		DIVERSIFIED RISK INSURANCE BROKERS 5900 CHRISTIE AVENUE EMERYVILLE, CA 94608 510-547-3203 Fax: 510-547-5648 special-events@drib.com				
INSURED EVENT HOLDER (Named Insured/Member):		EVENT INFORMATION				
		TYPE:				
		DATE(S):				
		LOCATION:				
		ATTENDANCE:		CLASS:		
This is to certify that the policies of insurance listed below have been issued to the insured named above for the event date(s) indicated above. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.						
Insurers:		Insurer A:		Insurer B:		
		General Star Indemnity Company		Genesis Indemnity Insurance Company		
INSR LTR	Type of Insurance	Policy Number	Effective	Expiration	Policy Limits	
A	Primary Commercial General Liability	IYG325268D	01/01/03	01/01/04	Each Occurrence	\$250,000
					Fire Damage Legal Liability	\$50,000
					Medical Payments	\$2,000
					Personal & Advertising Injury	\$250,000
					General Aggregate	\$1,000,000
					Products/Completed Operations Aggregate	\$1,000,000
B	Excess Commercial General Liability	ZXB300176G	01/01/03	01/01/04	Each Occurrence	\$750,000
					Personal & Advertising Injury	\$750,000
					General Aggregate	\$1,500,000
					Products/Completed Operations Aggregate	\$1,500,000
B	Optional Excess Limits	ZXB300176G	01/01/03	01/01/04	Each Occurrence	
					General Aggregate	
COVERAGE TERMS						
Occurrence Form (CG0001) Host Liquor Liability included Full Liquor Liability included when a separate premium has been charged. <u>Warranty: All participants in athletic activities are required to sign Release and Waiver of Liability forms.</u>		The coverage afforded by this insurance is primary and not contributing with any insurance held by the "ADDITIONAL INSURED OWNER, LESSOR, MANAGER OF PREMISES", WHEN REQUIRED BY WRITTEN CONTRACT, except as respects the sole negligence of such additional insured. The limits of insurance apply separately to each event insured by this policy as if a separate policy of insurance has been issued for that event. Who is an insured is amended to include as an additional insured the Facility Owner - Additional Insured" above and any person or organization shown in the schedule below, but only with respect to liability arising out of the ownership, maintenance or use of the premises used by the insured event holder. This insurance does not apply to: any "occurrence" which takes place after the event holder ceases to be a tenant in that premises. This insurance applies only to: an "occurrence" which takes place during the dates indicated under "Event Information" above.				
COVERAGE EXCLUSIONS (REFER TO POLICY FOR COMPLETE LISTING OF EXCLUSIONS):						
-Real & personal property you own, rent, use or occupy or in your custody or control. -Terrorism when the TRIA Rejection Notice is signed.		Specific Events are excluded from coverage. Please see reverse side for list of excluded events.				
OTHER ADDITIONAL INSUREDS:						
CANCELLATION: Should the above described policy(s) be canceled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the insured event holder and additional insureds listed.						
AUTHORIZED REPRESENTATIVE:				DATE ISSUED		
Terrorism Risk Insurance Act Notice						
TRIA Premium Amount:		TRIA State Tax & Stamp Fee:		TRIA Total Cost:		
We are providing this Notice in compliance with the requirements of the U.S. Federal Terrorism Risk Insurance Act of 2002 enacted November 26, 2002 ("TRIA"). TRIA requires that we offer coverage for certain losses (the "TRIA Terrorism Losses") that result from an "act of terrorism" (as defined in TRIA). Based on our written quotation to you (the "Quote"), your coverage of terrorism losses would not be broader than coverage of TRIA Terrorism Losses.						
The specific charge for including coverage of TRIA Terrorism Losses is shown above. This charge is included within the total premium amount contained in the Quote. TRIA provides that the U.S. Government will share in the payment of the compensation of insured TRIA Terrorism Losses. Subject to the terms and conditions of TRIA, the U.S. Government's share in the payment of compensation of any TRIA Terrorism Losses which we insure will be equal to 90% of that portion of such TRIA Terrorism Losses that exceeds a statutorily-determined amount which we will pay without U.S. Government compensation. The applicable policy limits will apply to our coverage of TRIA Terrorism Losses, but TRIA also limits the liability of both the U.S. Government and insurance companies like us for the payment of compensation of TRIA Terrorism Losses if the aggregate amount of the insured TRIA Terrorism Losses of all policyholders exceeds \$100 billion in either the period from November 26, 2002 through December 31, 2003, or any subsequent annual period covered by TRIA.						
Selection or Rejection of TRIA Terrorism Losses						
You have the right to reject coverage for TRIA Terrorism Losses if you do not wish to obtain coverage of such Losses and do not wish to pay the TRIA Premium Amount. In order to exercise this right, you will need to sign where indicated below and return to General Star through your Agent. If you choose to reject the coverage to TRIA Terrorism Losses in accordance with this paragraph, effective upon receipt by us of this Notice signed by you, the Quote at that time will be deemed to automatically amended to:						
1. Eliminate the coverage of TRIA Terrorism Losses from coverage; and 2. Eliminate the TRIA Premium Amount from the total premium amount contained in the Quote.						
By signing below and returning this form as directed, I am declining the offer of coverage for TRIA Terrorism Losses						
Insured Event Holder/Applicant _____						

Specific Event Exclusions

The following types of events are specifically excluded and no coverage for them exists on the policies listed on the front page of this Certificate of Insurance:

Aircraft

All Terrain Boarding

Balloon Rides

Base Jumping

Bouldering events

Boxing, Wrestling, Hockey, Contact Karate, Martial Arts events

Bungee Jumping

Carnival Rides

Circuses

Concerts with performances exceeding 6 hours of performance time

Concert or Dance with Mosh Pit

Diving

Hang Gliding

Kayaking, Rafting or Canoeing in greater than Class 3 rapids

Mechanical Amusement Rides or Services

Motorized Sporting Equipment

Mosh Pits

Mountain Biking

Power Boat Racing

Professional Sporting Activity; Games, Races, Contests of a professional nature

Pyrotechnics and Explosives

Rap or Heavy Metal Concerts

Rock Climbing

Rodeo and/or Roping Events (including practice)

Scuba Diving

Tractor/Truck Pulls

SHORT FORM EVENT HOLDER APPLICATION

(To be attached to Permit Application)
(Do not send to Diversified Risk -- Retain in your files only)

Name and Address of Renter or Event Holder: (Same as on Permit Form or Rental Form)

Event Contact Person: _____
(Authorized to sign all documents)

Daytime Phone Number _____

EVENT INFORMATION

Date(s) Held: _____ Time: _____
(Include set-up and take down days)

Location of Event: _____

Detailed Description of Event: _____

Total Attendance (Per Day) including all participants, spectators, guests, exhibitors, performers, entertainers, volunteers and employees:

Day One	_____	Day Four	_____	Day Seven	_____
Day Two	_____	Day Five	_____	Day Eight	_____
Day Three	_____	Day Six	_____	Day Nine	_____

Additional Event Exposures

Yes No

Vendors/Exhibitors/Concessionaires?	_____	_____	How Many?	_____
Caterer?	_____	_____		
Liquor Served?	_____	_____		
Liquor Sold?	_____	_____		
Food/Non-Alcoholic Beverages Served?	_____	_____		
Food/Non-Alcoholic Beverages Sold?	_____	_____		
Entertainment Activities? (Provide a List)	_____	_____		

Have you held this event or a similar event in the past? Yes No

If yes, have accidents, incidents, claims or loss arisen from such event? Yes No

Please review contracts and attach a separate sheet, listing names and addresses of all parties requiring to be named as Additional Insured.

The event premium includes a premium charge for the owner/lessor as additional insured.

Definitions:

Attendance: Attendance is to include the total number of people attending the event on the designated day. This will include participants, spectators, guests, exhibitors, performers, entertainers, volunteers and employees.

Facility Owner: City, County, School district, Special district, Joint Power Authority or private facility name

Full Liquor Liability: If liquor, beer or wine is available for consumption and money changes hands in any way, shape, or form, between the event holder and those who participate/attend, (i.e., for a donation, for a ticket, for a meal, for entry to the event, for the beverage), then full liquor liability premiums are to be charged. Liquor Liability premiums are to be calculated per day.

Can not sell Liquor Liability only. In order to obtain Liquor Liability coverage, we must also provide General Liability Insurance for the Insured shown on the Coverage Certificate.

Multiple Day Events: For events running two or more days, total the attendance for all days of the event. Refer to rates and charge the premium corresponding to the total attendance. Include “set up” and/or “take down” days in your calculation. Liquor Liability premiums are to be calculated per day.

Set up/Take Down days: Days used exclusively to set up or take down are to be reported on the Monthly Report as “set up” or “take down” days. Include the “set up” and/or “take down” day as insured days on the coverage certificate as well. (Be sure to include this head count in your premium calculation.)

Optional Excess Limits:

For excess limit premiums above \$1,000,000 per occurrence, call ***Elise Fisher*** or ***Mary Tuttle*** at 510-547-3203 for quote. Remember that the “Long Form Event Holder Application” must be completed and submitted.

Options

\$1,000,000 Excess of \$1,000,000	Total limit would be \$2,000,000
\$2,000,000 Excess of \$1,000,000	Total limit would be \$3,000,000
\$3,000,000 Excess of \$1,000,000	Total limit would be \$4,000,000
\$4,000,000 Excess of \$1,000,000	Total limit would be \$5,000,000

Instructions For Waiver and Release of Liability and Assumption of Risk Forms.

Waiver and Release of Liability forms are required for all CLASS IV events and may be required on other events covered through our Special Event Liability Group Insurance Trust.

The insurance policy has an endorsement, which warrants that the event holder will have all participants in an athletic activity sign a waiver and release of liability. This endorsement excludes from coverage, any bodily injury to an athletic participant who has not signed a waiver and release of liability.

The following waiver forms have been approved by the underwriters for use in our Special Event Liability Group Insurance Trust. These are SAMPLE forms only.

If you choose, you may re-type these forms and insert your event holder and your Facility Owner (City, County, School district, Special district, Joint Power Authority or private facility name, which ever applies) where indicated.

If you choose to use your own waiver forms, they must be at least as comprehensive as these forms and name both the Facility Owner and the event holder.

You will note there are two forms, one for minors and one for adults. Please be sure to use the appropriate form accordingly. Also, please be sure they are completed and signed correctly.

SAMPLE ONLY

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

FOR GOOD AND VALUABLE CONSIDERATION, including permission to participate in _____ and related activities, I, for myself, my successor, heirs, assigns, executors, and administrators;

1. Agree that prior to participating I will inspect the facilities, equipment and areas to be used, and, if I believe any of them are unsafe, I will immediately advise the person supervising the event, activity, facility, or area;
2. Acknowledge that I fully understand that my participation may involve risk of serious injury or death, including economic losses which may result not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity
3. Assume any and all risks of personal injuries to myself, including medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from my participation in this event or activity;
4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against ("**Event Holder/Permittee/Sponsor**") , ("**Facility Owner**") , agents or employees, and agents attributable to my participation in the event or activity;
5. Release, waive, discharge and relinquish ("**Event Holder/Permittee/Sponsor**") , ("**Facility Owner**") , officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to my participation in the event or activity, whether same shall arise by their negligence or otherwise;
6. Agree that photographs, pictures, slides, movies, or videos of my may be taken in connection with my participation in this event or activity without compensation from ("**Event Holder/Permittee/Sponsor**") , ("**Facility Owner**") and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose;
7. Warrant that I am in good health and have no physical condition that would prevent me from participating in this event or activity;
8. Acknowledge that ("**Event Holder/Sponsor**") , ("**Facility Owner**") are not joint sponsors, joint venturers, partners, or otherwise jointly engaged in the above-named event or activity.

THIS DOCUMENT RELIEVES ("**Event Holder/Permittee/Sponsor**") ("**Facility Owner**") AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

PRINTED NAME

SIGNATURE

DATE

SAMPLE ONLY

PARENTAL CONSENT WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

FOR GOOD AND VALUABLE CONSIDERATION, including permission for _____
(the "minor") to participate in _____ and related activities, I, the parent/guardian of the minor for myself and on behalf of the minor:

1. Consent to the minor's participating in the event or activity; and agree that prior to the minor's participation in the event or activity the minor and I will inspect the facilities, equipment, and areas where the event or activity is being conducted and, if either of us believes any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area;
2. Acknowledge that the minor and I fully understand that the minor's participation may involve risk of serious injury or death, including economic losses, which may result not only from the minor's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;
3. Release, waive, discharge and relinquish ("**Event Holder/Permittee/Sponsor**") , ("**Facility Owner**") , and their officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them attributable to the minor's participation in the event or activity, whether same shall arise by their negligence or otherwise;
4. Assume any and all risks of personal injuries to the minor and authorize ("**Event Holder/Permittee/Sponsor**") or ("**Facility Owner**") to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the minor or to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent or partial disability, or death and damages to the minor's or my property, caused by or arising from the minor's participation in the event or activity;
5. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death for or on behalf of the minor against the ("**Event Holder/Permittee/Sponsor**") , ("**Facility Owner**") , and their officers, employees, and agents attributable to the minor's participation in the event or activity;
6. Agree that photographs, pictures, slides, movies, or videos of the minor may be taken in connection with the minor's participation in the event or activity without compensation from the ("**Event Holder/Permittee/Sponsor**") , ("**Facility Owner**" and consent to the use of photographs, pictures, slides, movies, or videos for any legal purpose;
7. Warrant that the minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity;
8. Acknowledge that ("**Event Holder/Permittee/Sponsor**") , ("**Facility Owner**") , are not joint sponsors, joint venturers, partners, or otherwise jointly engaged in the above named event or activity.

IMPORTANT:

THIS DOCUMENT RELIEVES ("**Event Holder/Permittee/Sponsor**") , ("**Facility Owner**") AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE.

BOTH PARENTS MUST SIGN UNLESS ONLY ONE PARENT IS LIVING OR UNLESS ONLY ONE HAS LEGAL CUSTODY. LEGALLY APPOINTED GUARDIANS MUST SIGN AND FURNISH A CERTIFIED COPY OF LETTERS OF GUARDIANSHIP.

I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I WILL GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

PRINTED NAMES (Parent/Guardian)	SIGNATURES	DATE
_____	_____	_____
_____	_____	_____

I HAVE READ THIS DOCUMENT SIGNED BY MY PARENT OR GUARDIAN AND JOIN THE WAIVER, RELEASE AND ASSUMPTION OF RISK. I AM AWARE OF THE RISKS INVOLVED IN MY PARTICIPATION IN THE EVENT OR ACTIVITY.

PRINTED NAME	SIGNATURE	DATE
_____	_____	_____

Claim Reporting Instructions

If you receive a claim from a third party on an event covered through our Special Event Liability Group Insurance Trust, please provide us with the following information as soon as you become aware of the claim.

- Although not required, a completed “Report of Injury or Loss” notice would be helpful. If possible, please obtain information contained in the attached form and mail or fax to Diversified Risk. **within 24 hours or immediately if serious injury or death has resulted. If information is not complete, DO NOT DELAY -- many details can be obtained later.**
- A copy of the certificate of insurance issued to the event holder covering the event.
- A copy of any incident, accident, or loss report taken at the time of the incident.
- **DO NOT** admit liability to anyone.
- **DO NOT** offer your opinion to anyone.

SPECIAL EVENT LIABILITY GROUP INSURANCE TRUST

REPORT OF INJURY OR LOSS NOTICE

Complete form, keep one copy and send one copy to:	Diversified Risk Insurance Brokers 5900 Christie Avenue Emeryville, CA 94608	Phone: (510) 547-3203 Fax: (510) 547-5648
Facility Owner:	Name	
Event Holder/Member:	Address:	
	Phone #:	
Place of Accident and Name of Facility, if applicable:		
Date and Time of Accident:	Date:	Time:
Injured Person:	Name:	
	Address:	
	Phone #:	Approx. Age:
		SSN:
Injuries:	Cause of Injury:	
	Nature & Extent:	
	Attended by:	
Damage to Property of Others:	Name/Address of Owner:	
	Phone:	
	Description of Damage:	
Description of Accident or Loss:	Describe fully how accident or loss happened (use reverse, if needed).	
	Did any unsafe condition of premises cause accident? Describe.	
	Did any unsafe act of employee, volunteer or guest cause accident? If yes, describe:	
Witness:	Name:	
	Address:	
	Phone #:	
Attachments:	1. Contract between you & Event Holder 2. Certificate issued to the Event Holder 3. Photos	
Date of Notice:	By (Person Making Report):	

The following activities are not eligible for coverage and are excluded on the insurance policy:

Aircraft	Kayaking, Rafting or Canoeing in greater than Class 3 rapids
All Terrain Boarding	Mechanical Amusement Rides or Services
Balloon Rides	Motorized Sporting Equipment
Base Jumping	Mosh Pits
Bouldering	Mountain Biking
Boxing, Wrestling, Hockey or Contact Karate, or Martial Arts events	Power Boat Racing
Bungee Jumping	Professional Sporting Activity; Games, Races, Contests of a professional
Circuses	Pyrotechnics and Explosives
Carnival Rides	Rap or Heavy Metal Concerts
Concerts with performances exceeding 6 hours of performance time	Rock Climbing
Concert or Dance with Mosh Pit	Rodeo and/or Roping Events (including practice)
Diving	Scuba Diving
Hang Gliding	Tractor/Truck Pulls

(Low Minimum Hazard Risks)

Aerobic Classes	Expositions (In Buildings)
Antique Shows	Fashion Shows
Art Festivals	Flower Shows
Art Shows	Garden Shows
Auctions	Graduations
Auto Shows (<u>No Automobile Coverage</u>)	Instructional Classes (Non-Mechanical)**
Award Presentations	Lectures
Ballets	Legitimate Theater
Banquets	Luncheons
Bazaars	Meetings (Indoor) (Union Meeting are Class III)
Beauty Pageants	Mobile Home Shows
Bingo Games	Motion Picture Theaters
Boat Shows	Organized Sight-Seeing Tours (<u>No Automobile Coverage</u>)
Business Meetings	Pageants
Business Shows	Parties (see Class II also)
Charity Benefits, Auctions & Sales	Proms
Cinemas	Reunions
Civic Clubs & Group Meetings	RV Shows
Classical Music Concert	Seminars
Consumer Shows	Social Gatherings (Indoor)
Conventions (In Buildings)	Social Receptions
Craft Shows	Speaking Engagements
Dance Shows	Teleconferences
Debutante Balls	Telethons
Drill Team Exhibitions	Trade Shows (In Buildings)
Educational Exhibitions	Vacation Shows
Electronics Conventions	Walk-A-Thon
Exhibitions (In Buildings)	Weddings & Receptions

Vendors: See “Additional Coverage Options and Charges” page for rates.

****Note:** See “Instructor Liability Classification Table” to classify instructors. Music, Dance, Aerobic, Art, Craft and other classes are to be included as Instructional Classes (non-mechanical).

IMPORTANT: Refer to these sections before classifying events: “Ineligible Hazards or Activities” and “Referring Events for Approval”

Pyrotechnics are excluded

For questions, call **Elise Fisher** or **Mary Tuttle** (510) 547-3203 or Fax (510) 547-5648

SCHEDULE OF HAZARD/RISK CLASSIFICATIONS

HAZARD CLASS II

(Medium/Average Hazard Risks)

Animal Training (On Leash)	Old Timers Events
Block Parties/Street Closures (Excluding Beaches)	Opera/Operetta
Concerts (Not Rock, Rap or Heavy Metal)*	Parades (Under 500 Spectators)
Dances & Parties(No Rap or Heavy Metal)	Picnics (If Pools or Lakes, with Lifeguards)
Debut	Plays
Dinner Theaters	Political Rallies
Dog Shows	Religious Assemblies
Exhibitions (Outdoor)	Rummage Sales
Farmers Market	School Bands
Hotel Shows	Seances
Ice Skating Shows (Non Professional)	Sidewalk Sales
Jam & Jazz Sessions (Not Rock)	Social Gatherings (Outdoor)
Job Fairs	Swap Meets
Meetings (Outdoor)	Theatrical Road Shows
Musicals	Theatrical Stage Performances
Night Club Shows	Trade Shows (Outdoor)
	Voter Registration

Vendors: See “Additional Coverage Options and Charges” page for rates.

IMPORTANT: Refer to these sections before classifying events: “Ineligible Hazards or Activities” and “Referring Events for Approval”

***Concerts** with the following exposures present special hazards that require prior approval.

- (1) Attendance over 500
- (2) Outdoor Concerts without permanent lighting
- (3) Concerts exceeding six hours in duration
- (4) Concerts with armed security guards

Dances with Rap and Heavy Metal bands are excluded.

Parades with over 500 spectators, call for approval and premiums. Some parades may be Hazard Schedule III.

Pyrotechnics are excluded.

For approval or questions, call **Elise Fisher** or **Mary Tuttle** (510) 547-3203 or Fax (510) 547-5648.

SCHEDULE OF HAZARD/RISK CLASSIFICATIONS

HAZARD CLASS III

(Moderate/Hazard/Increased Exposure Risks)

Animal Acts/Shows	Live Entertainment Promoters
Arcades	Livestock Shows
Carnivals (No Rides)	Meetings (Outdoors)
Casino & Lounge Shows	Picnics (if Pools or Lakes without Lifeguards)
Concerts*	Scouting Jamborees
Community Fairs	State and Country Fair (No Rides)
Ethnic Celebrations	Street Fair
Film Productions (Non-Action)	Kiddielands (No Rides)
Flea Market	Union Meetings
Heads of State Events	Zoos
Horse Shows	

Vendors: See “Additional Coverage Options and Charges” page for rates.

IMPORTANT: Refer to these sections before classifying events: “Ineligible Hazards or Activities” and “Referring Events for Approval”

*Rock Concerts require prior approval from the underwriter

*Rap and/or Heavy Metal concerts are not covered

*Dances with Rap or Heavy Metal are considered the same as concerts and are not covered

***Concerts** with the following exposures present special hazards that require prior approval.

- (1) Attendance over 500
- (2) Outdoor Concerts without permanent lighting
- (3) Concerts exceeding six hours in duration
- (4) Concerts with armed security guards

Pyrotechnics are excluded.

For approval or questions, call **Elise Fisher** or **Mary Tuttle** (510) 547-3203 or Fax (510) 547-5648.

SCHEDULE OF HAZARD/RISK CLASSIFICATIONS

HAZARD CLASS IV

(Moderate-High Hazard/Increased Exposure Risks)

Baseball
Basketball
Bicycle Races
Bicycle Rallies
Equestrian Events
Gymnastics
Junior Athletic Games
Marathons (Walking, Running, etc.)
Roller Skate/roller Blade
Roller Hockey League (Youth Only)
Running Race
Ski Events
Soap Box Derby
Softball
Sports Camps
Sporting Events in Buildings (Non-Professional)
Tennis, Handball & Racquetball
Volleyball

IMPORTANT: Refer to these sections before classifying events: “Ineligible Hazards or Activities” and “Referring Events for Approval”

- Note: (1) You must call for prior approval and premium for all Class IV Events.
- (2) Waivers and Release of Liability forms are required for all Class IV Events. See Waiver section of manual.

Note: The insurance policy includes a warranty that all athletic participants are required to sign a Waiver and Release of Liability. The Insurance Policy excludes any claim by an athletic participant, if that athletic participant did not sign a Waiver and Release of Liability.

- (3) Contact sports such as Football, Hockey, Rugby, Boxing, Wrestling, Martial Arts can not be insured in this program.

Pyrotechnics are excluded.

For approval or questions, call **Elise Fisher** or **Mary Tuttle** (510) 547-3203 or Fax (510) 547-5648.

SCHEDULE OF HAZARD/RISK CLASSIFICATIONS

HAZARD CLASS V

(Moderate-High Hazard/Increased Exposure Risks)

Overnight Camps/Groups at Colleges or Universities
Overnight Camping

IMPORTANT: Refer to the following before classifying events: “Ineligible Hazards or Activities” and “Referring Events for Approval”

Instructor Liability Classification Table

<u>Classification Description</u>	Class
Arts and Crafts - - - - -	I
Performing Arts - - - - -	I
Personal Well Being - - - - -	I
Leisure - - - - -	I
Nature Studies - - - - -	II
Sports - - - - -	III
Recreation - - - - -	III

Use the "Instructor Liability Rate & Minimum Premium Table" for premiums and charges.

Premium Quotation Form

The Terrorism Insurance Bill signed by President Bush in 2002 requires that all Event Holders be offered Terrorism Insurance. Special Event Liability Group Insurance Trust provides the Event Holder the Terrorism Risk Insurance Act "TRIA" Coverage. The Event Holder may reject this Terrorism Insurance.

To comply with the regulations of the Terrorism Insurance Bill, all events must now be quoted using the Special Event Liability Group Insurance Trust Premium Quotation Form.

- Step 1 Complete the Event and Premium Information Sections
- Step 2 Make a copy for your file
- Step 3 Provide a copy to the Event Holder
- Step 4 Require that the Event Holder return this form when ordering coverage. If the Event Holder wishes to reject the Terrorism Insurance, they must sign the "TRIA" rejection notice on the bottom of the Premium Quotation Form.
- Step 5 Attach the Premium Quotation Form containing the Event Holders election and signature to one of the yellow Certificates of Insurance, which will be mailed to Diversified Risk with the Monthly Report.

Special Event Liability Group Insurance Trust Premium Quotations

PREMIUM SHEET

(Have the Event Holder complete, sign and date the Terrorism Insurance Acceptance or Rejection Section)

Certificate No.: _____

Event Holder: _____

Event Type/Exposure Description:

Event Date: _____

Class Hazard: _____

of Participants/Attendees: _____

Event Holder:

General Liability Premium: _____

State Tax and Stamping Fee: _____

Vendor (If applicable)

General Liability Premium: _____

State Tax and Stamping Fee: _____

Terrorism Insurance

Premium: _____

State Tax and Stamping Fee: _____

 (Total Terrorism
 Premium Tax & Stamp
 Fee)

Liquor Liability (If applicable)

_____ Premium times _____ # of days. =: _____

_____ State Tax/Stamping Fee times _____ # of days =: _____

Excess Limits (If applicable)

Excess General Liability Premium: _____

State Tax and Stamping Fee: _____

TOTALS:

	Including Terrorism	Excluding Terrorism
Total Premium:	_____	_____
Total State Tax and Stamping Fee:	_____	_____
Processing Fee (per certificate):	_____	_____
Total Premium and All Fees:	_____	_____

Terrorism Risk Insurance Act Notice

TRIA PREMIUM AMOUNT: \$_____ TRIA State Tax & Stamp Fee \$_____ TRIA Total Cost \$_____

We are providing this Notice in compliance with the requirements of the U.S. Federal Terrorism Risk Insurance Act of 2002 enacted November 26, 2002 (“TRIA”).

TRIA requires that we offer coverage for certain losses (the “TRIA Terrorism Losses”) that result from an “act of terrorism” (as defined in TRIA). Based on our written quotation to you (the “Quote”), your coverage of terrorism losses would not be broader than coverage of TRIA Terrorism Losses.

The specific charge for including coverage of TRIA Terrorism Losses is shown above. This charge is included within the total premium amount contained in the Quote.

TRIA provides that the U.S. Government will share in the payment of the compensation of insured TRIA Terrorism Losses. Subject to the terms and conditions of TRIA, the U.S. Government’s share in the payment of compensation of any TRIA Terrorism Losses which we insure will be equal to 90% of that portion of such TRIA Terrorism Losses that exceeds a statutorily-determined amount which we will pay without U.S. Government compensation. The applicable policy limits will apply to our coverage of TRIA Terrorism Losses, but TRIA also limits the liability of both the U.S. Government and insurance companies like us for the payment of compensation of TRIA Terrorism Losses if the aggregate amount of the insured TRIA Terrorism Losses of all policyholders exceeds \$100 billion in either the period from November 26, 2002 through December 31, 2003, or any subsequent annual period covered by TRIA.

Selection or Rejection of TRIA Terrorism Losses

You have the right to reject coverage for TRIA Terrorism Losses if you do not wish to obtain coverage of such Losses and do not wish to pay the TRIA Premium Amount. In order to exercise this right, you will need to sign where indicated below and return to General Star through your Agent. If you choose to reject the coverage to TRIA Terrorism Losses in accordance with this paragraph, effective upon receipt by us of this Notice signed by you, the Quote at that time will be deemed to automatically amended to:

- (1) Eliminate the coverage of TRIA Terrorism Losses from coverage; and
- (2) Eliminate the TRIA Premium Amount from the total premium amount contained in the Quote.

By signing below and returning this form as directed, I am declining the offer of coverage for TRIA Terrorism Losses

Insured Event Holder/Applicant

Special Event Liability Group Insurance Trust
Event Application – Commercial General Liability

THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.

Applicant Information

1) Named Insured is a:

- | | | |
|---|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> LLC or LLP | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Public Agency | <input type="checkbox"/> Not-For-Profit |
| <input type="checkbox"/> Trust or Estate | <input type="checkbox"/> Labor Union | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Unincorporated Association | <input type="checkbox"/> Informal Group or Committee | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> _____ Other | |
| | Describe | |

2) Named Insured (as it is to appear on the policy): _____

3) Doing Business as (DBA): _____

4) Mailing Address: _____

5) City: _____ State: _____ Zip: _____

6) Country: _____

7) Contact Person: _____

8) E-Mail Address: _____

9) Telephone Number (Home): _____ ()

10) Telephone Number (Business): _____ ()

11) Fax Number: _____ ()

12) Web Site Address: _____

Program Administration by:

Diversified Risk Insurance Brokers
5900 Christie Avenue
Emeryville, CA 94608
Phone: 510 547 3203 Fax: 510 547 5648
E-mail: specialevent@drib.com
Web-site: www.drib.com
CA License #: 0529776

8) Do you expect to receive donations to attend this Event? Yes No

9) Seating at the Event is: Assigned Seating
 Open Seating
 Bring Your Own Seating
 Grandstands or Bleachers

10) Will the Event have security? Yes No

10a) If yes, what type of security and number of security personnel?

<u>Type of Security</u>	<u># of Persons</u>
<input type="checkbox"/> Facility Security	_____
<input type="checkbox"/> Private Security Company	_____
<input type="checkbox"/> Private Security-Not employees of a Security Co.	_____
<input type="checkbox"/> Police or Sheriff	_____
<input type="checkbox"/> Peer Group or Ushers	_____
<input type="checkbox"/> Employees of Event Holder	_____
<input type="checkbox"/> Parent Chaperones	_____
<input type="checkbox"/> Volunteers	_____

	<u># of Persons</u>
10b) Security will be: <input type="checkbox"/> Armed	_____
<input type="checkbox"/> Unarmed	_____

11) Is the Event being advertised or promoted: Yes No

11a) If yes, how? (Include all methods)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Event Web site _____
		Provide web site address
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Television
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Radio
<input type="checkbox"/> Yes	<input type="checkbox"/> No	News Paper
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Brochure
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Handout or Announcement
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Billboard
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Poster
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other _____
		Describe

12) Will alcoholic beverages be served? Yes No

12a) If yes,

1) Will you charge a fee or collect a ticket?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Do people pay to attend?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Do you receive a donation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12b) Type of Alcoholic Beverage: 16-3 Wine or Champagne
I Drinks or Full Bar

12c) Estimated sales receipts for Alcoholic Beverages \$ _____

12d) Do you have a caterer or vendor serve or sell the alcoholic beverage?
 Yes No

12d1) If yes, have you received a Certificate of Insurance from the caterer or vendor showing they have liquor liability insurance? Yes No

12e) How many different locations at the Event will alcoholic beverage be served or sold? _____

12f) Are you required to obtain or have a liquor license for your Event?
 Yes No

12g) What management practices do you have in place to monitor and control the consumption of alcoholic beverages?

Yes No Alcoholic beverages must be purchased and consumed in a confined area where persons below the legal drinking age are not permitted?

Yes No Everyone must show identification to receive an alcoholic beverage?

Yes No Individuals over the legal drinking age receive a wristband or other form of identification?

Yes No There is a limit of two servings provided to any one individual per visit to the concession.

Yes No Staff monitors the consumption and is instructed not to serve anyone who is apparently intoxicated?

Yes No The concession or bar is closed at least one hour prior to the end of the Event?

13) Does your Event include any athletic or recreational activity? Yes No

13a) If yes, list each activity, the date of the activity and the number of participants each day.

<u>Date</u>	<u>Activity</u>	<u># of Participants</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16-4

13b) Explain your procedure for collecting and keeping Waivers and Release of Liability Form, which have been signed by all participants. **(The insurance policy will have a warranty that all athletic participants are required to sign a Waiver and Release of Liability. The**

insurance policy will exclude any claim for injury by an athletic participant, if that individual did not sign a Waiver and Release of Liability).

13c) Provide a copy of the Waiver and Release of Liability, which will be signed by all participants.

14) Will your Event have music? Yes No

14a) If yes, what type of music?

Live Music Disc Jockey Stereo/CD Player

14b) What type of music will be played? Indicate all types, which will be played.

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Acid Rock | <input type="checkbox"/> Funk | <input type="checkbox"/> Goth |
| <input type="checkbox"/> Alternative | <input type="checkbox"/> Hard Rock | <input type="checkbox"/> Goth Metal |
| <input type="checkbox"/> Big Band | <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Blues | <input type="checkbox"/> Jazz | <input type="checkbox"/> New Wave |
| <input type="checkbox"/> Classical | <input type="checkbox"/> Pop | <input type="checkbox"/> Psychedelic |
| <input type="checkbox"/> Country Soul | <input type="checkbox"/> Rap | <input type="checkbox"/> Punk |
| <input type="checkbox"/> Country & Western | <input type="checkbox"/> Reggae | <input type="checkbox"/> Rave |
| <input type="checkbox"/> Death Rock | <input type="checkbox"/> Soft Rock | <input type="checkbox"/> Ska |
| <input type="checkbox"/> Disco | <input type="checkbox"/> Soul | <input type="checkbox"/> Techno |
| <input type="checkbox"/> Ethnic or Foreign Culture | <input type="checkbox"/> Symphony | <input type="checkbox"/> Bubblegum |
| <input type="checkbox"/> 1950's / 1960's | <input type="checkbox"/> Heavy Metal | <input type="checkbox"/> Rockabilly |
| <input type="checkbox"/> Folk | <input type="checkbox"/> Other _____ | |

Describe

15) Does the Event include any of the following activities? If yes, describe the activity on a separate page.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Climbing Wall |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Skate Board Activities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Roller Blade or Roller Skate Activities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bicycle or Unicycle Activities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Watercraft Activities or Use |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use or Demonstration with Guns |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use or Demonstration with Fire |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use or Demonstration with Chemicals |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Providing Medical or Chiropractic Information or Care |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any Construction or Demolition Work |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any use of Scaffolding or Elevated Platform more than 4 feet above ground level |

16) Does the Event include any of the 16-5)? **Claims arising out of each is excluded under this insurance policy.**

- | | | |
|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aircraft, Balloon Ride or Gliders |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | All Terrain Boarding |

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Base Jumping |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bouldering |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Boxing, Wrestling, Hockey, Contact Karate or Martial Arts |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bungee Jumping |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Circus Acts or Carnival Rides |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Concerts exceeding 6 hours of performance time |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Concert or Dance with Mosh Pit |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diving, Platform Diving or Spring Board Diving |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hang Gliding |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Kayaking, Rafting or Canoeing |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mechanical Amusement Ride |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Motorized Sporting Equipment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mountain Biking |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Power Boats |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Professional Sporting Activity; Games, Races or Contest of a professional nature with cash prize |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pyrotechnics, Fireworks, Explosives, Black Powder |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rap, Heavy Metal or Rock Concert |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rock Climbing |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rodeo and Roping Events (including practice) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Skin Diving |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Scuba Diving |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tractor Pull/Truck Pull |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trampoline |

Event Location

- 1) Name of Facility _____
- 2) Street Address _____
- 3) City _____ State _____ Zip _____
- 4) Building Area _____
- 5) Outdoor Area (acres, miles of street) _____
- 6) Building Capacity (# of persons) _____
- 7) Capacity of the Room(s) (if less than the building) _____
- 8) Facility Owner _____ 16-6 _____
- 9) Mailing Address _____
- 10) City _____ State _____ Zip _____

11) Is there a Property Manager that requires being included as Additional Insured?
 Yes No

If yes,

11a) Name _____

11b) Mailing Address _____

11c) City _____ State _____ Zip _____

12) Are there any caterers, vendors, concessionaires, exhibitors, entertainers, promoters or sponsors which are to be included as an Insured under this insurance policy?
 Yes No

12a) If yes, provide their name, mailing address and type of service to your Event. (Type of service = caterer, vendor, concessionaire, exhibitor, entertainer, promoter or sponsor) Add additional pages if required.

Type of Service

12a1) _____ Name _____
Mailing Address _____
City _____ State _____ Zip _____

Sells or Serves Alcoholic Beverage Yes No

12a2) _____ Name _____
Mailing Address _____
City _____ State _____ Zip _____

Sells or Serves Alcoholic Beverage Yes No

12a3) _____ Name _____
Mailing Address _____
City _____ State _____ Zip _____

Sells or Serves Alcoholic Beverage Yes No

13) Have you held this event or a similar event in past years? Yes No

13a) If yes, please list all claims arising ¹⁶⁻⁷ the past five years from the Event. Also, list any claim arising at any other Special Event, other than this Event, which you held during the past five years. (Include a Date of Loss, Claimant, Description of Loss and Amount Paid or Reserved if known.)

<u>Date of Claim</u>	<u>Claimant</u>	<u>Description</u>	<u>Paid to Date</u>	<u>Total Incurred</u>
----------------------	-----------------	--------------------	---------------------	-----------------------

14) Do you require that any vendors or Event service providers provide Certificates of Insurance and name you and the property owner as Additional Insureds?
 Yes No

14a) If yes, provide a copy of the Certificate of Insurance from the vendors or service providers from whom you have received Certificates and Additional Insured Endorsements.

15) Do you have an Emergency Evacuation Plan? Yes No

15a) If yes, explain how Event Management and Event Attendees are notified.

16) Will there be Medical Personnel present at the Event? Yes No

If yes, identify the number of:

Doctors _____
Paramedics _____
Nurses _____
EMT/EMS _____
Other _____

16b) Is there an Ambulance on site? Yes No

17) The following items are required to be submitted with this information form.

- 1) Copy of all Certificates of Insurance from vendors that list you as an Additional Insured. (If you have received them.)
- 2) Copies of all Brochures, Promotional Materials and Event Advertising.
- 3) Copy of the Complete Schedule of Events or Activities.
- 4) Copy of the Waiver and Release of Liability to be signed by Participants in any recreational or athletic activity.
- 5) Diagram or Site Plan of location/set up.
- 6) Three (3) year detailed loss history from previous carrier(s). (If applicable.)

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The applicant declares that the information obtained in the application is true and that no material facts have been suppressed or misstated.

The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations.

The applicant understands that incorrect information could void coverage.

The applicant requests that this application for insurance coverage be submitted for consideration to General Star Management Company (Company). Accordingly, the applicant authorizes and directs any person or organization whatsoever to release and furnish to the Company all information requested which may relate to the applicant's insurability. The applicant also consents to the review by the Company of all claims and any incidents or occurrences likely to result in a claim. The applicant agrees to cooperate in the review of claims, which apply to the coverage requested.

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

Notice to New York Applicants: 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.

Signature: _____ **Title:** _____
(Owner, Partner or Officer)

Date: _____

THE APPLICANT UNDERSTANDS THAT COMPLETION OF THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.

Agency Information

Name of Insurance Agency/Brokerage: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Telephone Number: () _____ Fax Number: () _____

Web-site Address: _____

License Number: _____ State: _____

DISCLOSURE STATEMENT

State Law requires notification to all insureds when insurance coverage has been placed with a non-admitted insurance company. The attached Disclosure Statement has been included, advising that this insurance is issued by non-admitted insurance companies and is not covered by the State's insolvency guarantee fund.

This statement must be attached to the original Certificate of Insurance at the time of issuance.

**SPECIAL EVENT LIABILITY GROUP INSURANCE TRUST
NOTICE TO POLICYHOLDER**

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NON-ADMITTED" OR "SURPLUS LINE" INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.**
- 5. THE INSURER MAY NOT BE SUBJECT TO ALL INSURANCE LAWS AND REGULATIONS OF THE STATE OF CALIFORNIA.**
- 6. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**

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