



Short Term Special Events Insurance Program

Rates and Limits Effective 12/1/2011-11/30/2012

PROGRAM DESCRIPTION

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

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

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

*New options available for single-day invitation-only events (1-200 attendees). Available online at www.summtiamerica-ins.com/programs.

COVERAGES AND LIMITS

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

	<u>Option 1</u>	<u>Option 2</u>
General Aggregate (other than Products-completed Operations)	\$3,000,000	\$4,000,000
Each Occurrence	\$1,000,000	\$2,000,000
Products-completed Operations Aggregate	\$1,000,000	\$2,000,000
Personal & 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

*Higher limits are available. Please contact Summit America for further information.

OPTIONAL COVERAGES

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

Coverage Conditions:

1. Coverage is not available on a stand alone basis. You must have commercial general liability coverage for your business organization with Summit America's Short Term Special Events RPG Insurance Program.
2. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Short Term Special Event Insurance Program.
3. Coverage is not available for Alabama, Iowa, Michigan or Vermont applicants.
4. Events where attendance is greater than 6,000, please contact Summit America for more information.

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

ELIGIBLE OPERATIONS

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

- Auctions
- Award presentations
- Banquets
- Bazaars
- Bar mitzvah or bat mitzvah
- Bingo games
- Car shows-static display only
- Celebrations (holiday, New Year)
- Charity events
- Concerts-other than rock, rap or hip-hop (call for approval)
- Conventions
- Debuts or debutante balls
- Dinners, luncheons or showers
- Festivals
- Flea markets or swap meets
- Graduation ceremonies
- Job fairs
- Lectures
- Meetings
- Pageants
- Parties
- Picnics (no in or on water activities)
- Poetry readings
- Proms
- Quinceanera
- Recitals
- Religious assemblies
- Reunions
- Rummage sales
- School band or drill team competitions
- School carnivals (no rides)
- Seminars
- Shows (animals, antique, art, baby, boat, business, consumer, craft, fashion, flower, garden, home, RV, stage, wedding)
- Social gatherings or receptions
- Speaking engagements
- Theatrical performances or musicals
- Wedding activities (rehearsal, ceremony or reception)

EXCLUSIONS

The following represents only some of the exclusions contained in this policy:

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks-does not apply to structures that are not designed to bounce on, slide on, ride on or tunnel through)
- Animals (injury or death to any animal or injury, death or property damage caused by your animal)
- Claims resulting from the selling, serving or furnishing of alcoholic beverages if the named insured is required to obtain a license or permit (unless optional liquor liability coverage is purchased)
- E-commerce consulting
- Employment-related practices
- Events held at multiple locations (except for weddings)
- Events with over 12,000 in attendance
- Fireworks
- Operations of concessionaires, exhibitors and/or vendors at your event
- Petting zoo
- Room and board liability
- Saddle Animal

INELIGIBLE OPERATIONS

The following event operations are not eligible for this program. Please note, this is not a complete listing.

- Activist rallies, marches or literature distribution
- Air shows
- Athletic events and competitions
- Cinematography and photography for commercial use
- Concerts – involving rock, rap or hip-hop
- Events held on an airport premises
- Gun and/or knife shows
- Haunted attractions
- Health fair or shows
- Historical battle reenactments
- In or on water activities
- Mazes (corn, hay or fence)
- Motorized vehicle, motorcycle, watercraft or powerboat practicing for, qualifying for or testing for any racing speed, demolition or stunt activity
- Overnight retreats
- Parades
- Rodeos (any rodeo activity including, but not limited to, bronco or bull riding, steer roping, team roping, barrel racing or horseback riding)

This brochure is for illustrative purposes only and it 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 term to the next. You may request a copy of the full policy by submitting a written request to Summit America Insurance.



Short Term Special Events Enrollment Form

Rates and Limits Effective 12/1/2011-11/30/2012

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG membership fee may be charged. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. Summit America reserves the right to decline any request for coverage.

SECTION 1: GENERAL INFORMATION

Named Insured (as it should appear on the policy): _____
(use your name if you operate as a sole proprietor, or your legal business name if you operate as a corporation or LLC)

Doing business as (DBA): _____
(additional name(s) under which the named insured operates)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ E-Mail: _____

Phone: _____ Fax: _____

SECTION 2: BUSINESS INFORMATION

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

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

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

The exposures/activities listed above are not covered by this program and any resulting claims will be denied. If you wish to cover any of these activities, please contact Summit America to determine if other coverage options are available. If any of these activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity organization naming you as an additional insured.

Is this event held at multiple locations? Yes No

Is this event held annually? Yes No

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

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

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

- Alcoholic beverages:
- Will not be allowed or available at the event.
 - None provided by named insured and/or only attendees allowed to bring their own alcoholic beverages (BYOB)
 - Will be sold at the event.
 - If sold, who holds the liquor license or permit?
 - Insured Caterer or vendor Facility Sponsor
 - Will be furnished without a charge at the event.
 - If furnished, is the insured required to obtain a liquor license?
 - Yes No
 - Will be both sold and furnished at the event.
 - If sold and furnished, who hold the liquor license or permit?
 - Insured Caterer or vendor Facility Sponsor

SECTION 3: DOCUMENT DELIVERY/CERTIFICATE REQUEST

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered by e-mail, unless otherwise requested. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be delivered to the same person. Use this section to request an additional certificate. List any persons, landlords or organizations that require you to name them as an "additional insured" on your policy.

Certificate Holder (Entity Name): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/Lessor of premises Sponsor Co-promoter Franchisor
 Mortgagee Other (Explain below)

SECTION 4: AGENT INFORMATION (If applicable)

This section should only be completed by a licensed agent or broker completing this form on behalf of the client. A commission of 10% is offered on this program. Agent must submit net premium to our office.

Agency name: _____ Tax ID # _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

Agent/Contact name: _____ E-mail: _____

Agency Phone: _____ Agency Fax: _____

SECTION 5: PROGRAM PREMIUM CALCULATION

Name of event: _____

Type of event: _____

Venue Name: _____ Street Address: _____

City _____ State: _____ Zip: _____

Date of event (includes set-up and tear-down): _____ / _____ / _____ to _____ / _____ / _____ Actual Event dates: _____ / _____ / _____ to _____ / _____ / _____

Hours of attendance: _____ A.M./P.M to _____ A.M./P.M. Total attendance at event: _____
(average daily attendance x the number of event days)

Premium is determined by the total attendance (daily attendance multiplied by the actual number of event days). Please select an option based upon your attendance and location of the event.

Attendance	Option 1 (see page 1)	Option 2 (see page 1)
1 – 1,500	<input type="checkbox"/> \$383	<input type="checkbox"/> \$575
1,501 – 3,000	<input type="checkbox"/> \$592	<input type="checkbox"/> \$888
3,001 – 6,000	<input type="checkbox"/> \$1,183	<input type="checkbox"/> \$1,775
6,001 – 12,000	<input type="checkbox"/> \$2,040	<input type="checkbox"/> \$3,060

OPTIONAL COVERAGES

Additional Limits of Medical Expense

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

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

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

Is the named insured required to obtain a liquor license or permit? Yes No

If yes: Please provide the name of the liquor license/permit holder: _____

Please provide the liquor license/permit number: _____

Please provide relationship to insured: _____

Are alcoholic beverages (please select one):

Sold? If so, please provide the amount of alcoholic beverage sales _____ and food sales _____

Included as part of the admission charge?

Served or furnished without a charge?

What types of alcoholic beverages are being sold/served? (please describe) _____

Have you ever been fined or had a liquor license/permit revoked or suspended? Yes No

Has any insurer cancelled or non-renewed your coverage during the past 3 years? Yes No

Are patrons allowed to carry alcoholic beverages onto the premises during your event? Yes No

Are alcoholic sales and consumption contained within a fixed and/or secured area? Yes No

Has at least one server at this event had formalized awareness training? Yes No

If yes, please provide the type of training (e.g.: TIPs, TAMs, TABC): _____

Are ID's checked at this event? Yes No

Are alcoholic sales stopped at least one (1) hour prior to the end of the event? Yes No

LIQUOR LIABILITY RATES

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

Program Premium (Commercial General Liability): _____ \$

Liquor Liability (optional) _____ \$

Medical Expense Premium (optional) _____ \$

Premium Due (add all lines above) _____ \$

Total amount due for Florida applicants
(premium due + 1.3% FL assessment fee) _____ \$

Risk Purchasing Group Membership Fee (Required) \$ 10.00

Total Cost Due (add all lines): _____ \$

GENERAL FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; insurance benefits may also be denied). **Applicable in Colorado** – It is unlawful to knowingly provide false, incomplete, or misleading facts of 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **Applicable in the District of Columbia** – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant. **Applicable in Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree. **Applicable in Hawaii** – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. **Applicable in Kansas** – 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 statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy personal or commercial insurance, or 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 Massachusetts, Nebraska, Oregon and Vermont** - Any person who knowingly and with intent to defraud any insurance company or another 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 any may subject the person to criminal and civil penalties. **Applicable in Minnesota** – Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **Applicable in Ohio** – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud. **Applicable in Oklahoma** – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Applicable in Washington** - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program: abuse, molestation, harassment or sexual conduct; aircraft/hot air balloon; 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 arcade or computer games or structures that are not designed to bounce on, slide on, ride on or tunnel through); animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); asbestos; commercial general liability standard exclusions (CG0001 12/04 edition); E-commerce consulting; employment-related practices; fireworks; fungi or bacteria; events held outside the United States; events held at multiple locations (except for weddings); events with over 12,000 in total attendance; lead; nuclear energy liability; operations of concessionaires, exhibitors and/or vendors at your event; performers; petting zoos; room and board liability; saddle animals; selling, serving or furnishing of alcoholic beverages by the named insured if they are required to hold a liquor license or permit (unless the optional coverage is purchased); snowmobile. Those operations listed as ineligible: activist rallies, marches or literature distribution; air shows; athletic events and competitions; cinematography and photography for commercial use; concerts (rock, rap or hip-hop); events held on an airport premises; gun and/or knife shows; haunted attractions; health fairs or shows; historical battle reenactments; in or on water activities; mazes (corn, hay or fence); motorized vehicle, motorcycle or watercraft/powerboat practicing for, qualifying for or testing for any racing speed, demolition or stunting activity; overnight retreats; parades; rodeos (any rodeo activity including, but not limited to, bronco or bull riding, steer roping, team roping, barrel racing or horseback riding).

SECTION 6: WARRANTY STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and accurate. 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 that apply, as well as the activities and operations for which coverage is not provided.

Applicant or Agent Signature: _____ **Date:** _____
If an agent: check here to acknowledge that you are signing on behalf of the named insured.

Printed Name: _____ Title: _____

SECTION 7: PAYMENT METHOD

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS. COVERAGE IS CONTINGENT UPON RECEIPT OF PREMIUM PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL PREMIUM IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE. CANCELLATIONS OR CHANGES MUST BE REPORTED PRIOR TO YOUR SCHEDULED START DATE.

Check: Please make check payable to Summit America Insurance Services - Check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit, please complete the following:
 Visa MasterCard American Express

Card Number: _____ Expiration Date: _____

I authorize Summit America Insurance Services to charge my debit/credit card in the amount of \$ _____

Cardholder Billing Address: _____
City: _____ State _____ Zip _____
Reference # _____ Name on Card _____
(last 3 digits on back of card)

Signature: _____
Note: Credit cards are accepted for direct accounts only. If you are an agent or broker submitting this form on behalf of your client, you must submit net premium.

How did you hear about Summit America's Short Term Special Events program?

Convention _____ Magazine Ad _____ Web Search _____ Other _____
Specify: _____ Specify: _____

SECTION 8: ENROLLMENT FORM SUBMISSION

Please fax, mail or e-mail pages 3-7 of the completed enrollment form along with payment to Summit America Insurance. Please note that this enrollment form is subject to underwriting review and approval. We will contact you if any further information is needed.



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