

Low Hazard Special Events Insurance Program

General Liability Insurance for Small, Short Term Events



- General Liability Insurance
- Professional Liability Insurance
- Abuse or Molestation Insurance

Francis L. Dean & Associates, LLC



The Leader in Sports, Leisure and Entertainment Insurance

Insurance Coverage for Low Hazard Special Events

General Liability Coverage \$1,000,000 Coverage

Protects you in the event of bodily injury or property damage

Limits

Our General Liability and Professional Liability coverages are separate limits. A claim under one coverage part will not reduce the other coverage part available.

General Liability Coverage starting at \$1,000,000/\$1,000,000 limits
Professional Liability Coverage at \$1,000,000/\$1,000,000 limits

Who Is Covered

This \$1,000,000 occurrence form General Liability program provides protection for the Policyholder against claims of bodily injury liability, property damage liability, personal and advertising injury liability, and the litigation costs to defend against such claims. There is no deductible amount for this coverage. Coverage is offered through the Sports and Recreation Providers Purchasing Group, pursuant to the Federal Risk Retention Act of 1986.

Coverage includes suits arising out of:

- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Products liability coverage (completed operations)
- Host liquor liability (non-profit)
- Activities necessary or incidental to host event
- Ownership, use, or maintenance of event space
- General negligence claims
- Cost of investigation and defense of claims
- Professional liability (involves specialized education, knowledge, labor, judgment and skill that is predominately mental or intellectual).

Standard additional Insureds such as landlords or venues may be added at no additional charge.

Exclusions

Exclusions include but are not limited to the following:

Access or Disclosure of Confidential or Personal Information and data-Related Liability – With Limited Bodily Injury Exception, Coverage C – Medical Payments, Employment Related Practices Exclusion, Fungi or Bacteria, Exclusion of Other Acts of Terrorism Committed Outside the United States; CAP on Losses from Certified Acts of Terrorism, Exclusion of Punitive Damages Related to Terrorism, Liability Arising Out of Lead, Silica or Related Dust Exclusion, Nuclear, Biological, or Chemical Exclusion, Failure to Provide Waiver and Release Sub-limit, Exclusion – Organic Pathogens.

The Optional Coverages

Hired and Non-Owned Automobile Liability Coverage

This liability coverage provides protection for rented, borrowed and other non-owned vehicles driven for policyholder's special event operations.

Increased General Liability Aggregates

This option increases the aggregate limit of liability insurance from \$1,000,000 to larger amounts.

Abuse Or Molestation

Abuse or Molestation coverage is provided for claims arising out of physical abuse, such as sexual or other bodily harm and non-physical abuse, such as verbal, emotional or mental abuse.

\$10,000 Medical Payment

Medical Payments coverage is a Commercial General Liability coverage which is designed to pay reasonable medical expenses, regardless of fault, for bodily injury caused by an accident.

Equipment Coverage

This Inland Marine insurance product provides coverage for your equipment and contents up to the specified limit. This option requires a separate application and further underwriting.

Excess Liability Coverage

This coverage provides additional liability limits increasing the per occurrence and aggregate limits. This option requires further underwriting.

Note: This brochure has been designed to illustrate the highlights of this program but is not a contract. Some exclusions and coverages may be modified to meet individual state requirements. For specific details, please request a sample policy.

Proposed Policyholder Information *Please print or type*

Full Legal Name of Proposed Policyholder

Type of Operation

Corporation

Individual/Sole Proprietor

Partnership/Joint Venture

Limited Liability Company (LLC)

Other:

Full Mailing Address

City

State

Zip

Contact Name

Phone Number

Email Address

Event Information

Event Name:

Event Location:

Please contact our office for a quote if the event is at more than one location.

First Day of Event:

Last Day of Event:

Please note: Coverage must be 5 consecutive days or less.

Event Description:

Please select the type of your event:

Auctions	Dinners or Luncheons	Social Gatherings or Receptions
Award Presentations	Direct Selling Consultant Parties	Speaking Engagements
Balls/Dances	Easter Egg Hunts	Talent Search/Shows
Banquets	Educational Lectures or Seminars	Telethons
Bar Mitzvah or Bat Mitzvah	Film Screenings or Showings	Theatrical Performances or Musicals
Benefits	Food Cooking Contests	Trade Shows and Expos
Billiard Events/Tournaments	Graduation Ceremonies	Walking Tours (garden, holiday, home, historical site)
Bingo Games	Job Fairs	Anniversary Parties
Birthday Parties	Meetings	Engagement Parties
Book Fairs/Book Readings	Memorial Services	Christmas Party
Book Signings	Pageants	Holiday Celebration
Car Washes	Picnics	Holiday Party
Card Games/Events	Poet or Poetry Readings	New Year's Party
Casino Events	Proms	New Year Celebration
Chamber of Commerce Events/Mixers	Quinceanera	Baby Shower
Charity Events	Recitals (dance, music)	Wedding Shower
Chess Events	Reunions	Bridal Shower
Christmas Caroling	Sales (bake, charity, consignment, estate, garage)	Graduation Party
Conventions	School Band or Drill Team Competitions	Celebration of Life
Debuts or Debutante Balls	Shows (antique, art, baby, business, collector, consumer, craft, fashion, flower, garden, home, state, wedding)	Other

Is this a revenue-generating event?

YES

NO

General Liability Questionnaire

Has your past liability coverage been canceled in any way in the last three years?	YES	NO	
Is your current insurer non-renewing coverage?	YES	NO	
Have any liability claims been paid by your insurer during the last three years?	YES	NO	
If yes, please describe claims:			
Does the event involve organized athletic activities and/or competitions?	YES	NO	
Does the event involve firearms, weapons, or pyrotechnic devices?	YES	NO	
Does the event involve any amusement devices such as an inflatable, carnival rides, blowup slides, water activities, or a petting zoo?	YES	NO	
Are overnight accommodations or camping facilities part of the event?	YES	NO	
Are security personnel present at the event?	YES	NO	
If yes, are security personnel armed?	YES	NO	N/A
Is liquor being served at the event at no cost or profit to the insured?	YES	NO	
Is the insured selling alcohol for a profit at the event?	YES	NO	
Is the applicant a non-US resident or a non-US-based business?	YES	NO	

General Liability Coverage Premium Rate Calculator

Minimum Premium is Fully Earned Upon Policy Inception. Rates include \$1,000,000 Per Occurrence / \$1,000,000 Aggregate General Liability Policy.

This includes coverage for bodily injury, as well as damage done to their property, during the course of the event.

General Liability Aggregate

\$1,000,000

\$2,000,000

\$3,000,000

\$4,000,000

\$5,000,000

Total Number of Admissions

Rate per Person

Total Rate

x

=

Minimum Premium =

General Liability Premium =

Optional Coverages

Premiums are fully earned.

Hired and non-owned automobile liability coverage *12 or 15 plus passenger vans are ineligible for this program.*

\$250,000 for an additional \$250.00

\$500,000 for an additional \$500.00

No, thank you.

=

Medical Payment

\$10,000 for an additional 5% of Your Premium Rate

No, thank you.

x 0.05 =

Abuse or Molestation Liability Coverage

\$100,000 / \$300,000 for an additional \$0.33 per person

No, thank you.

x \$0.33 =

The following optional coverages are also available but subject to additional underwriting:

\$1,000,000 Abuse or Molestation Liability Coverage, \$1,000,000 Hired and Non-Owned Automobile Liability Coverage, Equipment Coverage up to \$750,000, Excess Liability Coverage of up to \$4,000,000.

General Liability Premium Subtotal =

Please contact your agent. [Download Abuse Questionnaire](#)

Additional Insureds

Standard Additional insureds are included at no additional cost. Please include a separate sheet if needed.

Name, Address and Relationship of all additional insureds to be added to the policy:

Full Legal Name, Email Address	Full Mailing Address (including city, state, zip)	Relationship (see legend)	Endorsements
			PRIMARY
			WAIVER
			PRIMARY
			WAIVER
			PRIMARY
			WAIVER

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, G - Governmental Agency, O - Other (include details)

Your Premium Rate Subtotal =

Additional Insureds requiring Primary Non-Contributory Endorsements x \$100.00 =

Additional Insureds requiring Waiver of Subrogation Endorsements x \$100.00 =

Total Liability Premium =

Excluded Activities

The ownership, operation, maintenance arising out of the use of inflatable recreational devices or inflatable amusement devices of any kind.

Any use, event or display arising out of fireworks, or any other use of pyrotechnics including any firework sales. Any use, handling, training, or storage of any firearms, ammunition, or explosives. Any operations involving bungee devices (except for indoor bungee fitness), carnival rides, corn cannons, organized equine racing contests, organized equine vaulting or jumping contests, leasing of horses, jumping pillows, knocker ball, bubble soccer, Zorb ball, mechanical bucking devices including multi-ride attachments, aerial activities above 12 feet, rock climbing activities, activities involving permanent or mobile rock wall climbing structures, zip lines, pumpkin launching devices, rope challenge courses, water skiing, surfing, white water rafting or kayaking, tackle football, ATV/UTV, tracked or trackless train rides, trampolines, bike related trick or stunt activities or contests, Zippy Pets, haunted houses, haunted trails or haunted boats or barges, demolition derbies of any kind, independent security services other than a contracted public law enforcement officer.

Trail design, including trail construction and maintenance, Participants of Mixed Martial Arts (MMA) competitions or tournaments, Participants of boxing competitions or tournaments, Participants of bare-knuckle boxing, Any use of sharpened or live edged weapons, Security Officers Registration Act (SORA) training programs, WWE style fight training, professional fight training, professional fighting participants, Operations of independent concessionaires or vendors in conjunction with your organization or event, Operations of independent performers and artists in conjunction with your organization or event, Use of gymnastics apparatuses, including balance beams, uneven bars, vaults, spring flooring, and rings, Aerial activities and performances other than studio sponsored recitals with maximum heights of 12 feet.

Payment

Enclosed is the payment for the total premium

FLD Broker Fee =

Total Amount Due

Including FLD Broker Fee

Payment method: ACH Credit Card

Acknowledgments and Signatures

- a. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.
- b. **Waiver Requirement** Each organization or team must implement a Release and Waiver of Liability and Indemnity Agreement for all players and staff. Unintentional error on your part in securing Waiver and Release forms shall not void your coverage in the event of an occurrence to a player or staff member. However, your failure to maintain an adequate system to regularly secure Waiver and Release forms shall void your coverage in the event of an occurrence to a player or staff member. A sample waiver and release form is available upon request.
- c. **Fraud Warning** 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 there to, commits a fraudulent insurance act, which may be a crime.
- d. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that
 - (a) this application will form part of any policy issued,
 - (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application,
 - (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and
 - (d) only those persons eligible under the terms of an issued policy will be insured.

Agency Name

Agency License Number

Agent Phone Number

Agent Email Address

Agency Mailing Address

.....
Signed for the Proposed Policyholder

.....
Signed by Licensed Agent

.....
Date

.....
Licensed Agent Name

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