



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

ADDING AN EVENT TO AN EXISTING COVERAGE CONTRACT FORM

Certificate #: _____

Participating Member's Name: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone Number: _____ FAX #: _____

Contact Person for this Event: _____

GENERAL INFORMATION

Important: Please include any information that you feel will help the Association Underwriter understand this event and exactly what is being done to insure the safety of everyone involved.

Name of Event: _____

Description of Event: _____

Description of your Activities: _____

Number of Scheduled Events: _____

Scheduled Dates of Event: _____

Beginning Time: _____ Ending Time: _____

Location or Venue Name: _____

Address: _____

City, State, and Zip: _____

Certificate Holder or Additional Insured Name: _____

Address: _____

City: _____ State: _____ Zip _____

____ Landowner ____ Sponsor ____ Other: _____

SPECTATORS

Capacity of Spectators per Performance or Event: _____

Estimated # of Spectators per Event:

____ General ____ Reserved ____ Other (describe): _____

Price of Admission:

____ General ____ Reserved ____ Other (describe): _____

Estimated Gross Attendance (all events or dates): _____

Estimated Gross receipts (all events or dates): _____

PARTICIPANTS AND VOLUNTEERS

Participant and Volunteer excess medical benefits will be quoted based on the following information.

1. Are all participants and volunteers required to complete a "Release of Liability" form? Yes No

If yes, please attach a copy of all forms used.

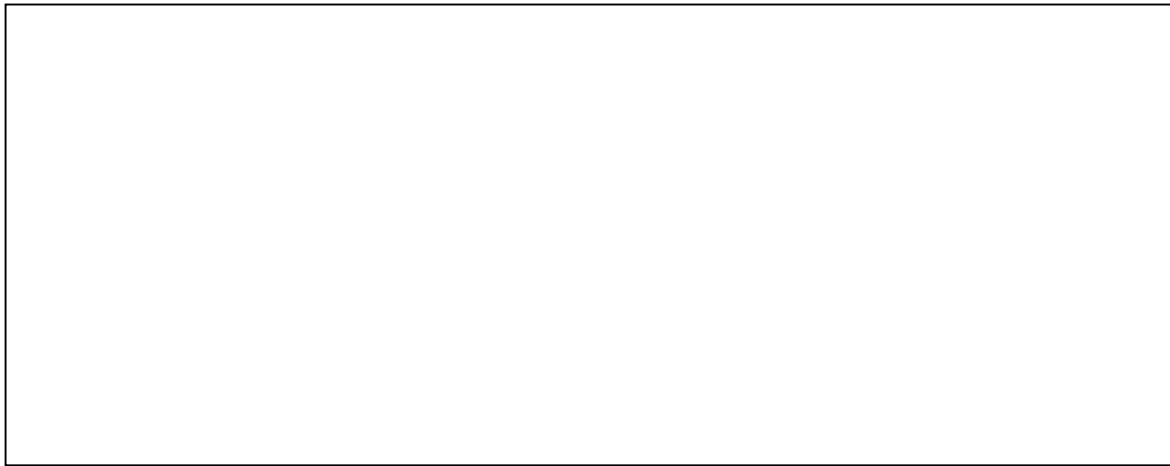
2. Total number of participants, per competitive class or rating:

- A. Class: _____ # of participants: _____
- B. Class: _____ # of participants: _____
- C. Class: _____ # of participants: _____
- D. Class: _____ # of participants: _____

3. Total number of volunteers: _____ Please describe all duties they will perform: _____

- 4. Do you want a quote for participant excess medical? Yes No
- 5. Do you want a quote for volunteer excess medical? Yes No

Sketch a diagram of the facilities being used, identifying spectator, management and event areas. Remember, we are trying to provide you with the best possible rate. The more complete and detailed your answers are to all questions, the fewer assumptions the Underwriters will have to make.



Note: All Coverage Contract representations, Limits of Liability, SIRs, etc. will be the same as is specified in the original contract unless otherwise requested, in writing, and approved by the Association Underwriting office.