



Clubs/Groups & Special Event Insurance Request for Quote

Instructions to obtain a Quote:

1. Complete form entirely to receive a quote. If the form is not completed, additional information will have to be attained before quoting.
2. Save completed form to your computer
3. Please send this form to: Email: info@specialmarkets.com, Fax: (715) 344-6126
Or mail to: Special Markets Insurance Consultants, Inc., 1265 Main Street, Suite 202, Stevens Point, WI 54481
Phone: (800) 727-7642

Request for quote form must be completed and returned for underwriter review. Submission of this form does not guarantee coverage. Quote will be offered if risk meets Underwriting Guidelines. Payment of premium is required to bind coverage.

SUBMISSION REQUIREMENTS

1. Currently valued, carrier-generated Loss Runs for the last five years and copy of the expiring policy(ies).
2. Copy of rental agreement or contract to rent or use venue

ACCOUNT INFORMATION

Named Insured _____
(to be shown on policy declarations page)

Mailing Address _____ Email _____

City _____ State _____ Zip _____

Fax _____ Website _____

Physical Address _____

Contact Person _____ Title _____ Phone _____

Effective Date _____ Expiration Date _____

Event Start Date _____ Event End Date _____ Event Gross Revenues _____

Named Insured is: Individual Partnership Corporation Association Other: _____ Non Profit

Years this entity in business _____ Years experience for this owner _____

- Coverage Requested:** Accident Medical Medical Limits: \$10,000 \$25,000 Other Limit \$ _____
 Accident Medical Deductible Options: \$0 \$100 \$250 \$500 \$1,000 Other Limit \$ _____
 Participant General Liability (if checked, then accident medical coverage is required)
 Limits of Insurance Requested \$ _____
 Spectator General Liability (if checked, spectator count at the bottom of this page must be completed)
 Limits of Insurance Requested \$ _____
 Abuse & Molestation (complete Section C) Limits of Insurance Requested \$ _____
 Liquor Liability (complete Section E)

Type of Organization Club, Group or Association (complete Section A & F) Non-Sport Camp (complete Section B & F)
 Special Event (complete Section D & F)

SECTION A – Club, Group or Association Underwriting Information

Describe all activities you are requesting insurance coverage for: _____

Age(s)	Number of Participants	Age(s)	Number of Participants
Ages 12 & Under	_____	Ages 19 & up	_____
Ages 13 – 15	_____	Volunteers	_____
Ages 16 – 18	_____		_____
Number of est. spectators for all events, if Spectator General Liability requested:			_____

SECTION B – Non-Sport Camp Underwriting Information

Type of Camp (please check all that apply): Day Overnight Travel Youth Adult Special Needs
 Other (specify): _____ Describe all activities you are requesting insurance coverage for: _____

CAMP LOCATION(S) / ACTIVITIES

Name of Camp and Address of Camp Location	Camp Starts			Camp Ends			No. of Days	Age Range of Campers	Estimated Number to be Insured
	MO	DAY	YR	MO	DAY	YR			
<input type="checkbox"/> Day <input type="checkbox"/> Overnight								12 & Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
<input type="checkbox"/> Day <input type="checkbox"/> Overnight								12 & Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
<input type="checkbox"/> Day <input type="checkbox"/> Overnight								12 & Under	
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								Volunteers	
<input type="checkbox"/> Day <input type="checkbox"/> Overnight								12 & Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
<input type="checkbox"/> Day <input type="checkbox"/> Overnight								12 & Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	

Section C - Abuse & Molestation

- Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? Yes No
- Does your state permit you to do criminal background investigations? Yes No
 - If yes, do you routinely request and receive such background investigations? Yes No
- Do you verify employment related references? Yes No
- Do you conduct a personal interview? Yes No
- Do you have written procedures for dealing with sexual abuse? Yes No
If yes, attach a copy.
- Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No
- Has your organization ever had an incident which resulted in an allegation of sexual abuse? *If yes, please describe.* Yes No
 - Was a claim made against the organization? Yes No
 - Was the case settled? Yes No
 - Was the case taken to trial? Yes No
 - How much money was paid in damages to the victim? \$ _____
- Regarding coverage for abuse & molestation, does your current insurance program:
 - exclude coverage? Yes No
 - limit coverage (please indicate limit of liability. \$ _____) Yes No
 - neither exclude nor limit coverage Yes No

9. Please indicate age range of clients _____
10. Are Motor Vehicle Records obtained for all Managers, Supervisors and those involved directly with any children? Yes No

SECTION D – Special Event Underwriting Information

Name of Event _____

Describe all events, activities, and operations you are requesting insurance for:

Schedule of Events (use separate sheet if needed & attach brochure or promotional materials if applicable)

Activity	Date	Time(s)	Location Name / Address

Number of Participants Youth _____ Over 18 _____

Number of Volunteers _____ Number of Volunteers per day _____

Number of Attendees _____ Number of Attendees per day _____ Ticket Prices \$ _____

Do you have prior experience with this event or similar events? Provide details _____ Yes No

Venue Information

Name of Venue _____

Address of Venue _____

What is the seating capacity? _____ Is the seating permanent or temporary? _____

Number of Exhibitors _____

Who is supplying security at venue? _____
 (If private firm, they must have insurance and name you as an additional insured.)

Describe the safeguards in place to prevent injury to spectators: _____

Who is responsible for first aid / medical arrangements? _____

Who is responsible for concessions? _____

Who is responsible for parking? _____

Who is responsible for facility maintenance? _____

Is the event limited to venue grounds? Yes No
 If not, provide details: _____ Yes No

If there is swimming, are certified lifeguards on duty? Yes No
 Are they CPR certified? Yes No
 Are certificate received by the insured? Yes No

Revenue Generated:

Admission Fees	\$	_____
Liquor Sales	\$	_____
Food Sales	\$	_____
Merchandise	\$	_____

Will alcoholic beverages be served or sold at this event? If so, by whom? _____

a. Has server provided evidence of liquor liability insurance? Yes No

Is Liquor Liability coverage desired? If yes, please complete the Liquor Liability section. Yes No

Section E - Liquor Liability

- 1. Is the Liquor License in your name? Yes No
 - a. If yes, is it an annual license? Yes No
- 2. Have you ever been assessed a fine or violation of a law concerning the sale, serving or providing of alcohol? Yes No
 - a. If yes, explain _____
- 3. Have you had any occurrences that have arisen out of the sale, serving, or providing of any alcoholic beverage? Yes No
 - a. If yes, explain _____
- 4. Has your liquor liability insurance been canceled or non-renewed in the last 3 years? Yes No
 - a. If yes, explain _____
- 5. Are your employees or volunteers serving liquor? Yes No
 - If not, who is serving? _____ Do you secure Certificate of Insurance from the contracting party? Yes No
- 6. Are servers, bartenders, and parking valets required to participate in alcohol awareness programs? Yes No
- 7. Is there a Designated Driver Program or escort service provided for those unable to drive? Yes No

Section F - Underwriting Information

- Do you require all event participants and volunteers to sign waivers? Yes No
- Do you have a written contract in place with all persons or entities you contract with? Yes No
- Do these contracts contain a harmless agreement whereby you the Named insured do NOT assume liability of any other person(s) or entities? Yes No
- Do you require those you contract with to name you as an Additional Insured on their liability insurance and provide evidence of doing so? Yes No
- Are you contractually obligated to name any organization as additional insured?** Yes No

If yes complete the following:

Additional Insured Name (additional fee charged)	Complete Address	Relationship to you

Applicant's Statement and Declarations

The applicant declares to the best of his / her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

Authorized Signature _____ Date _____
 Printed Name _____ Title _____


All above information requested is required for policy issuance. The licensed appointed agent is required to complete the section below. Policies cannot be issued without all the required information being completed.

Local/Regional Licensed Agency

Agency Name: Mercer Consumer, a service of Mercer Health & Benefits Administration LLC License Number: 1002002448

Agent Name (Printed): Kathleen Yergin Agent Address: 540 W. Madison Street, 10th Floor

City, State, Zip: Chicago, IL 60661 Phone Number: 312-627-6567

Signature:  Date: _____
 (Licensed Agent)
 Email Address: kathleen.yergin@mercerc.com Proposal Number: _____

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL HERETO COMMITTS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE FOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WY).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WY: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

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 FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL HERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL HERETO COMMITTS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.