

ROCKWOOD CASUALTY SPECIAL EVENTS APPLICATION

Agent Code: _____ Agency Name: _____

Applicant Name: _____

Mailing Address: _____
(Mailing Address)

Event Address _____
(City) (State) (Zip)

(Mailing Address)

(City) (State) (Zip)

Effective Date: _____ Expiration Date: _____

Type of Event: _____

Liability Limits: Occurrence Limit: \$ _____ Aggregate Limit: \$ _____

Previous Carrier: _____

Any losses in the past 3 years? Yes No If yes, describe below:

Any Additional Insured? Yes No If yes, explain the reason for the additional insured below:

IF ATHLETIC EVENTS - COMPLETE THIS SECTION:

Number of Games: _____ Number of Participants: _____

Age of Players: _____

Are there any bleachers on the premises? Yes No If so, # of sets of bleachers: _____

Do they sell concessions? Yes No If so, what are the receipts? \$ _____

Any special fundraisers? Yes No If so, explain _____

Sports camps: Overnight Not Overnight Number of camps per week: _____

IF OTHER TYPE OF EVENTS - COMPLETE THIS SECTION:

Is there any alcohol served? Yes No

Number of vendors: _____ Do vendors have their own liability coverage? Yes No

Are vendors required to provide certificates of insurance? Yes No Vendors Receipts \$ _____

Is there music provided? Yes No If so, what type of music? _____

Are there any mechanical rides? Yes No

Are there any fireworks? Yes No If so, do they have their own liability coverage? Yes No

Are fireworks required to provide certificates of insurance? Yes No

Are there any petting zoos or animal rides? Yes No If so, describe below: _____

APPLICANT'S SIGNATURE: _____ Date: _____

AGENT'S SIGNATURE: _____ Date: _____

IMPORTANT:

Signature of this form is subject to the fraud statements on the following page.

Special events cannot be quoted or bound without the knowledge & consent of a Rockwood Underwriter.

FRAUD STATEMENTS

PLEASE READ THE STATEMENT APPLICABLE TO YOUR STATE. IF YOUR STATE IS NOT LISTED, PLEASE READ THE STATEMENT APPLICABLE TO ALL OTHER STATES.

All Other States: 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,HI,NE,OH,OK,OR,VT,IN,DC,LA,ME and VA, insurance benefits may also be denied).

Applicable in CO: 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 FL and OK: 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 (of the third degree)*. *Applies in FL Only.

Applicable in KS: 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 thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.