

Richter Robb Pacific Ins. Services

3990 West Yosemite Avenue
 Lathrop, CA 95330
 209-249-5100 Fax: 877-858-1955
 CA # 0708939 NV # 632045

Sports Event Application

Please note:

- Questions marked in **bold** are required.
- Complete the application as fully as possible to ensure an accurate quote.
- If you have any questions please contact our offices at (804) 754-7610.

GENERAL INFORMATION

Named Insured: _____

Applicant's name: _____

Street address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail address: _____

Contact Person: _____ **Title of Contact:** _____

List any Additional Insureds:

Name: _____ **Address:** _____ **Interest:** _____

Name: _____ **Address:** _____ **Interest:** _____

Name: _____ **Address:** _____ **Interest:** _____

LIABILITY INFORMATION

Desired effective date: _____ Desired termination date: _____

Required Spectator & Participant Liability: \$1,000,000 occ / \$2,000,000 agg

Excess Liability: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Require Non-Owned/Hired Automobile coverage? Yes No

Require Abuse/Molestation coverage? Yes No

Total Liability Requested: _____

*Total is required liability plus chosen excess liability, if any.

Excess Accident Medical Requested: \$10,000 \$25,000 \$50,000 \$100,000

Does the applicant now carry insurance of this type? Yes No

If Yes, please advise name of insurance company: _____

Has any insurance carrier cancelled or refused coverage? Yes No

If Yes, please explain: _____

Please describe any loss information for the past three years: _____

EVENT INFORMATION

Complete description of event/activity: _____

Estimated participants: _____ Age 12 & Under _____ Age 13-15
_____ Age 16-18 _____ Adults

Ticket price: _____ Number of Events: _____

Describe security protection: _____

Who contracts security? _____ Facility _____ Applicant

Hold Harmless? _____ Yes _____ No

Number of grandstands, if any: _____ Permanent _____ Temporary

Type of construction: _____ Seating capacity: _____

Emergency evacuation plan in place? _____ Yes _____ No

Qualified medical personnel in attendance? _____ Yes _____ No

Ambulance service in attendance? _____ Yes _____ No

What concessions will be sold? _____

Will alcoholic beverages be served? _____ Yes _____ No

Will alcoholic beverages be sold? _____ Yes _____ No

If Yes, provide estimated liquor sales: _____

Will concessionaires provide you with certificates evidencing products liability with your organization named as Additional Insured? _____ Yes _____ No _____ No Concessionaires

WARRANTY STATEMENT

I hereby warrant and confirm that the above information, to the best of my knowledge is true and correct, and further certify that I have read all the questions and answers on this application. I understand this application is a requirement for coverage, a part of the contract and evidence of my acceptance of this insurance, and any falsification or misrepresentation will be deemed a breach of contract, voiding all insurance coverage. It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or the company until accepted by the company or companies in writing.

Name of Applicant: _____ **Title:** _____

Signature of Applicant: _____ **Date:** _____

FOR BROKER USE ONLY

Name of Authorized Agent or Broker: _____

Name of Agency: _____

Agency Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail address: _____