## Richter Robb Pacific Ins. Service

3990 W. YOSEMITE AVE LATHROP, CA 95330

209- 249-5100 fax: 209- 858-1955 CA. # 0708939 NV # 632045

## SPORTS INSURANCE APPLICATION

| 1.   | Named Insured/Orga   | inization:                                       |                             |           |              |  |  |  |  |
|--|--|--|-----------------------------|-----------|--------------|--|--|--|--|
| 2.   | Address:   |  |                             |           |              |  |  |  |  |
|  | City:  |  | State:                      |           | Zip:         |  |  |  |  |
| 3.   | Phone:   | Fax:   |                             | E-mail: _ |              |  |  |  |  |
| 4.   | Contact Person:  |  |                             | itle:     |              |  |  |  |  |
| 5.   | Name and address of Additional Insured(s) and their interest:          |  |                             |           |              |  |  |  |  |
|  |  |  |                             |           |              |  |  |  |  |
| 6.   | Complete description of event/activity:                                |  |                             |           |              |  |  |  |  |
| 7.   | Estimated attendance   | e/participants/members:                          | Age 12 & under<br>Age 16-18 |           | Age 13-15    |  |  |  |  |
| 8.   | Ticket price:  | # of events: _                                   |                             |           |              |  |  |  |  |
| 9.   | Desired effective date   | esired effective date: Desired termination date: |                             |           |              |  |  |  |  |
| 10.  | DESIRED COVERAGE LIMITS REQUESTED                                      |  |                             |           |              |  |  |  |  |
|  | o General Liability o Participants Liabilit o Blanket Accident M       | Medical  | \$<br>\$<br>\$              |           | <del> </del> |  |  |  |  |
|  | o Other:   |  | \$                          |           |              |  |  |  |  |
| 11.  |  |  |                             |           |              |  |  |  |  |
| If "yes", please advise name of insurance company:and attach copy of policy, certificate, or brochure. |  |  |                             |           |              |  |  |  |  |
| 12.  | 2. Has any insurance carrier cancelled or refused coverage? o Yes o No |  |                             |           |              |  |  |  |  |
| If "yes", please explain:  |  |  |                             |           |              |  |  |  |  |
| 13.  | Loss information for the   | ne past three years:                             |                             | ····      |              |  |  |  |  |
| Policy Year 19   |  | 19   | 20                          | -         | 20           |  |  |  |  |
| Total  | Premium  |  |                             |           |              |  |  |  |  |
| Total Insured Claims   |  |  |                             |           |              |  |  |  |  |
| Description of Glaims  |  |  |                             |           |              |  |  |  |  |

|                    | ignature of Applicant Date   |                   | Producer (Official Use Only) |   |   |  |  |  |
|--------------------|--|-------------------|------------------------------|---|---|--|--|--|
| NOT                | BE BINDING EITHER TO THE PROPOSED EPTED BY THE COMPANY OR COMPANIE   | INSURE            | D OR TH                      |   |   |  |  |  |
| IT IS              | UNDERSTOOD AND AGREED THAT THE   | COMPLE            | TION OF                      | THIS ADDITO                             | TION SHALL                              |  |  |  |
| I UN<br>CON<br>FAL | DERSTAND THIS APPLICATION IS A REQUITE AND EVIDENCE OF MY ACCEPTAINS SIFICATION OR MISREPRESENTATION WILDING ALL INSURANCE COVERAGE. | JIREMEN<br>NCE OF | NT FOR C                     | URANCE, ÁND                             | ANY                                     |  |  |  |
| KNC                | REBY WARRANT AND CONFIRM THAT THE<br>WLEDGE, IS TRUE AND CORRECT, AND F<br>QUESTIONS AND ANSWERS ON THIS API                         | URTHE             | R CERTIF                     |   |   |  |  |  |
|                    |  |                   |                              |   |   |  |  |  |
|                    | If "yes", please explain:  |                   |                              | *************************************** | *************************************** |  |  |  |
| 21.                | Will any other underlying coverage be provided?  | o Yes             | o No                         |   |   |  |  |  |
|                    | named as Additional Insured?   | o Yes             | o <b>No</b>                  | o No Concessi                           | onaires                                 |  |  |  |
| 20.                | Will concessionaires provide you with certificates evidencing products liability with your organization                              |                   |                              |   |   |  |  |  |
|                    | If "yes", estimated receipts: \$   |                   |                              |   |   |  |  |  |
| 19.                | Will alcoholic beverages be sold?  | o Yes             | o <b>No</b>                  |   |   |  |  |  |
| 18.                | Will alcoholic beverages be served?  | o Yes             | o No                         |   |   |  |  |  |
| 17.                | What concessions will be sold?   |                   |                              |   |   |  |  |  |
|                    | Ambulance service in attendance?   | o Yes             | o No                         |   |   |  |  |  |
|                    | Emergency evacuation plan in place?  Qualified medical personnel in attendance?  |                   | o No                         |   |   |  |  |  |
| 10.                | features.  |                   | o No                         | ng, adjacent build                      | ng, and landscape                       |  |  |  |
| 16.                | Type of construction:  Attach a diagram of location. If event is held outdoors, indi   |                   |                              |   |   |  |  |  |
| 15.                | Number of grandstands, if any:   |                   |                              |   |   |  |  |  |
| 4.5                | Hold Harmless? o Yes o No If "yes", ple  | •                 |                              |   | _                                       |  |  |  |
|                    | Who contracts security?: o Facility o  |                   |                              |   |   |  |  |  |
| 14.                | Describe security protection:  |                   |                              |   | ······································  |  |  |  |
|                    |  |                   |                              |   |   |  |  |  |