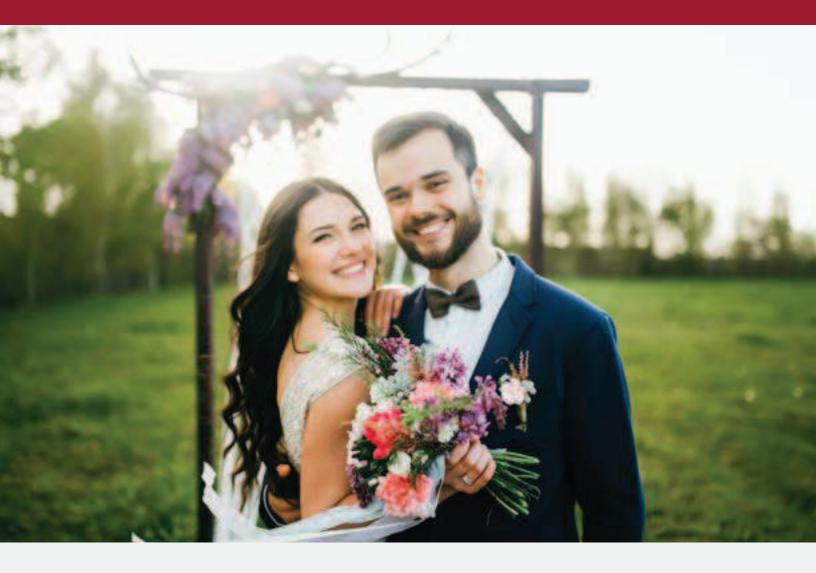
Wedding and Wedding Reception

Insurance Program



- A Liability Insurance Program providing protection from lawsuits of bodily injury and/or property damage
- Host Liquor Included!
- Optional Cancellation Coverage

The Leader in Sports, Leisure and Entertainment Insurance

Your wedding should be the happiest day of your life. Months of planning every detail often mean the event goes off without a hitch. Unfortunately, accidents do happen. It may seem unnecessary now, but insuring your wedding can help guarantee that you and your guests are not burdened with financial and emotional losses.

Whether you are looking for one-day liability coverage or a three-day package offers quality insurance with the lowest possible premium cost to you. Our specialized wedding insurance program allows you to cover everything from the rehearsal to the day after brunch or just your wedding day.

Wedding and Wedding Reception Insurance Program

The Liability Coverage

\$1,000,000.00 Coverage

Protects you in the event of a lawsuit or property damage

The Optional Coverages

Who Is Covered

This program provides protection for the Policyholder against claims of bodily injury liability, property damage liability, personal and advertising injury liability and the litigation costs to defend against such claims. Coverage is provided up to \$1,000,000.00 per occurrence. There is no deductible amount. Coverage is offered through the Sports and Recreation Providers Association Purchasing Group.

Who Is Covered

- · Injury or death of spectators
- · Injury or death of volunteers
- · Property damage liability
- · Incidental medical malpractice
- · All activities necessary to conduct wedding or wedding related events
- · Ownership, use or maintenance of facilities
- · General negligence claims
- · Cost of investigation and defense of claims, even if groundless
- · Corporal punishment
- · Host liquor liability

Exclusions

Claims made by athletic participants, abuse or molestation, aircraft, all acts of terrorism, asbestos liability, collapse of temporary structure, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, nuclear energy liability, professional liability, pyrotechnics activity, total pollution, war liability and liability for occurrences prior to the effective date of coverage. All of the above are subject to the terms and conditions of the policy.

Equipment Coverage

This Inland Marine insurance product provides coverage for your equipment and contents up to the specified limit. This option requires a separate application and further underwriting.

Hired and Non-Owned Automobile Liability Coverage

This liability coverage provides protection for rented, borrowed and other non-owned vehicles driven on soccer league or team business.

Excess Liability Coverage

This coverage provides additional liability limits increasing the per occurrence and aggregate limits. This option requires further underwriting.

Increased Aggregates

This option increases the aggregate limit of liability insurance from \$1,000,000 to larger amounts.

\$5,000.00 Medical Expense Benefit

This coverage will reimburse an injured spectator or guest for medical and/or funeral expenses incurred as a result of bodily injury or death, regardless of whether you are liable or not. This coverage does not apply to your participants.

Cancellation Coverage

This coverage will provide reimbursement for the cost of the wedding if it is cancelled. Cancellation of the wedding may be due to inclement weather, travel delays or non-appearance due to accidental injury or illness of:

- Bride
- Groom
- · Best Man
- · Maid of Honor
- · Other Family Members

Other events outside the control of the insured may also be covered.

Premium Rates Chart Premiums are fully earned. Limit Per Occurrence: \$1,000,000.00.

Circle one or use our Automated Premium Rate Calculator on the next page.

		Policy Term					
State based on your mailing address	General Aggregate	1 Day Wedding Program Rate			3 Day Package Program Rate		
mailing address		< 500 in Attendance	500 - 1000 in Attendance	1001 - 2000 in Attendance	< 1000 in Attendance	1000 - 2000 in Attendance	
	\$1,000,000.00	\$107.25	\$312.50	\$368.75	\$368.75	\$431.25	
California	\$2,000,000.00	\$112.50	\$328.13	\$387.19	\$387.19	\$452.81	
Florida New York	\$3,000,000.00	\$118.00	\$343.75	\$405.63	\$406.63	\$474.38	
New York	\$4,000,000.00	\$124.00	\$359.38	\$424.06	\$424.06	\$459.94	
	\$5,000,000.00	\$130.25	\$375.00	\$442.50	\$442.50	\$517.50	
	\$1,000,000.00	\$99.00	\$300.00	\$354.00	\$354.00	\$414.00	
	\$2,000,000.00	\$123.75	\$315.00	\$371.70	\$371.70	\$434.70	
Mississippi Rhode Island	\$3,000,000.00	\$130.00	\$330.00	\$389.40	\$389.40	\$455.40	
	\$4,000,000.00	\$136.50	\$345.00	\$407.10	\$407.10	\$476.10	
	\$5,000,000.00	\$143.25	\$360.00	\$424.80	\$424.80	\$496.80	
	\$1,000,000.00	\$99.00	\$330.00	\$388.00	\$388.00	\$455.00	
Arizona	\$2,000,000.00	\$123.75	\$346.50	\$407.40	\$407.40	\$477.75	
Nevada	\$3,000,000.00	\$130.00	\$363.00	\$426.80	\$426.80	\$500.50	
Texas	\$4,000,000.00	\$136.50	\$379.50	\$446.20	\$446.20	\$523.25	
	\$5,000,000.00	\$143.25	\$396.00	\$465.60	\$465.60	\$546.00	
	\$1,000,000.00	\$99.00	\$315.00	\$372.00	\$372.00	\$435.00	
South Carolina	\$2,000,000.00	\$123.75	\$330.75	\$390.60	\$390.60	\$456.75	
Connecticut	\$3,000,000.00	\$130.00	\$346.50	\$409.20	\$409.20	\$478.50	
	\$4,000,000.00	\$136.50	\$362.25	\$427.80	\$427.80	\$500.25	
	\$5,000,000.00	\$143.25	\$378.00	\$446.40	\$446.40	\$522.00	
	\$1,000,000.00	\$82.50	\$250.00	\$295.00	\$295.00	\$345.00	
Vontuela	\$2,000,000.00	\$86.75	\$262.50	\$309.75	\$309.75	\$362.25	
Kentucky Georgia Delaware	\$3,000,000.00	\$91.00	\$275.00	\$324.50	\$324.50	\$379.50	
Delawale	\$4,000,000.00	\$95.50	\$287.50	\$339.25	\$339.25	\$396.75	
	\$5,000,000.00	\$100.25	\$300.00	\$354.00	\$354.00	\$414.00	
	\$1,000,000.00	\$82.50	\$289.00	\$341.00	\$341.00	\$399.30	
	\$2,000,000.00	\$86.75	\$303.45	\$358.05	\$358.05	\$419.27	
New Jersey	\$3,000,000.00	\$91.00	\$317.90	\$375.10	\$375.10	\$439.23	
	\$4,000,000.00	\$95.50	\$332.35	\$392.15	\$392.15	\$459.20	
	\$5,000,000.00	\$100.25	\$346.80	\$409.20	\$409.20	\$479.16	
	\$1,000,000.00	\$82.50	\$263.00	\$310.00	\$310.00	\$363.00	
	\$2,000,000.00	\$86.75	\$276.15	\$325.50	\$325.50	\$381.15	
All Other States	\$3,000,000.00	\$91.00	\$289.30	\$341.00	\$341.00	\$399.30	
	\$4,000,000.00	\$95.50	\$302.45	\$356.50	\$356.50	\$417.45	
	\$5,000,000.00	\$100.25	\$315.60	\$372.00	\$372.00	\$435.60	

Proposed Policyholder Information Please print or type

Full Mailing Address				
City	State	Zip		
Email Address				
This contact information will be used by insurance company personnel should there be a claim. It responsibility of the policyholder/insurance contact to retain all documentation, video or other evid and respond immediately to any and all requests or inquiries from insurance company personnel. Claim Contact Phone Number Claim Contact Email Address Number				
Date(s) & Time(s)) Es	stimated Attendance		
O Description of Evo	ent			
\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000	Your Premium Rate			
nium Rate Chart on previous page.	Your Premium	Rate =		
nge 00.00 for an additional \$500.00 •	No, thank you.	=		
	City Email Address This contact information will be used by it responsibility of the policyholder/insurant and respond immediately to any and all reclaim Contact Phone Number Date(s) & Time(s) General Aggregate \$1,000,000 \$2,000,000 \$3,000,000 \$3,000,000 \$4,000,000 \$4,000,000 \$5,000,000	City State Email Address This contact information will be used by insurance company personnel should responsibility of the policyholder/insurance contact to retain all documentation and respond immediately to any and all requests or inquiries from insurance contact to contact Phone Number Claim Contact Phone Number Claim Contact Email Addres Date(s) & Time(s) Es State Premium Rate \$1,000,000 \$2,000,000 \$3,000,000 \$3,000,000 \$4,000,000 \$5,000,000 \$5,000,000 S5,000,000 S7,000,000 S7,000,000		

Additional Insureds

Standard Additional Insureds are included at no additional cost. Please Note: family members, caterers, florists and other vendors for the wedding

no information given to or acquired by any representative of the Company will bind it, unless it

Signed by Licensed Agent

Licensed Agent Name

Agency License Number

Agency Mailing Address

no waiver or modification will bind the Company unless it is in writing and is signed by an

only those persons eligible under the terms of an issued policy will be insured.

are not able to be added as additional insured. Name, Address and Relationship of all ad		olicy:				
Full Legal Name, Email Address	Legal Name, Email Address Full Mailing Address (including city, state, zip) Relationship					Endorsements
			eremony Venue ov't Agency	Re	ception Venue	PRIMARY WAIVER
			eremony Venue ov't Agency	Re	ception Venue	PRIMARY WAIVER
			eremony Venue ov't Agency	Re	ception Venue	PRIMARY WAIVER
Your Premium Rate Subtotal =						
Additional Insureds requiring Primary Non-Contributory Endorsements					x \$100.00 =	
Additional Insureds requiring Waiver of Subrogation Endorsements				0	x \$100.00 =	
	Your Premium Rate Total =					
Acknowledgments and Signatures			Policy & Broker Fee = \$110.00			\$110.00
a. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.			Total Amount Due			
b. Fraud Warning Any person who knowingly and w other person files an application for insurance or information, or conceals for the purpose of misle there to, commits a fraudulent insurance act, whi	statement of claim containing any materially fals eading, information concerning any fact material	se				
c. Applicant's Acknowledgment I, the applicant, dec statements and answers in this application are to		t all				

(a) this application will form part of any policy issued,

is in writing on this application,

Signed for the Proposed Policyholder

Date

Agency Name

Agent Phone Number

Agent Email Address

executive officer of the Company, and