

**BICYCLE POLO EVENT**

10.15.18-10.15.19

**YOUR CONTACT INFORMATION**

Date \_\_\_\_\_

Legal Name/DBA \_\_\_\_\_

Organization Type:    Individual    Partnership    Joint Venture    LLC

Organization, including a Corporation (other than a Partnership, Joint Venture or LLC)

Contact Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

**UNDERWRITING INFORMATION**

Is this a new venture?    YES    NO    Previously insured with McKay Insurance?    YES    NO

If previously insured elsewhere, please provide name of general liability carrier: \_\_\_\_\_

Has your organization had any losses in the last 5 years?    YES    NO

*If yes, please explain & provide a 5-year loss run from your previous insurer:* \_\_\_\_\_

Does your organization currently utilize a waiver system to have liability waivers signed by all event participants and volunteers?    YES    NO

Does your organization currently have a risk management plan?    YES    NO

**BICYCLE POLO EVENT – RATES** (includes General Liability & Excess Accident Medical)

\$4.50 per participant, per day

\$.28 per volunteer (in addition to minimum premium)

\$450 Minimum Premium per Event

**YOUR EVENT INFORMATION**

Event Name \_\_\_\_\_ Event Date(s) \_\_\_\_\_ # of Days \_\_\_\_\_

# of Participant days \_\_\_\_\_ X \$4.50 = \$ \_\_\_\_\_ # of Volunteers \_\_\_\_\_ X \$.28 = \$ \_\_\_\_\_

*\$450 minimum*

**OPTIONAL COVERAGES**

**Excess Liability** \$1,000,000 Each Occurrence/General Aggregate (higher limits available if needed, contact us):

*\$635 per event (\*Subject to change for events with a larger # of participants. You will be notified prior to binding.)*

**Property of Others In Your Care, Custody or Control** (Rates apply Per Event, \$0 Deductible), please select one:

\$5K = \$325 per event    \$10K = \$445 per event    \$15K = \$656 per event    \$20K = \$909 per event

**Hired & Non-Owned Auto Liability \$1,000,000 Combined Single Limit (Rates apply Per Event), please select one:**

1-5 drivers = \$445 per event    5-10 drivers = \$555 per event    10+ drivers = \$555 + \$55 per driver over 10

**Sexual Abuse Liability** \$500,000 Each Occurrence/Aggregate:

*\$950 per event (\*Subject to additional underwriting questions and company approval).*

**Expedite:** Applications are normally processed within 2-4 business days from the date we receive your complete submission. If expedited processing is needed, a \$50 fee applies. Any applications received within 5 business days of the event date incur a \$50 expedite fee.                      **Check here if Expedited processing is needed.**

**EVENT PREMIUM TOTAL: \$ \_\_\_\_\_**

**CERTIFICATE REQUESTS**

A Certificate of Insurance is automatically provided to you as the Named Insured. If no additional certificates are needed, disregard this section. If more than 3 additional certificates are needed, please complete additional Certificate Request pages.

*\*\*If the entity you are requesting a certificate for requires specific wording, additional forms, etc. please include this information with your application.*

**Name of Entity:** \_\_\_\_\_

**Address of Entity:** \_\_\_\_\_

**Relationship:**                      Government/Municipality                      Venue/Facility                      Beneficiary/Charity  
   Sponsor/Co-Promoter                      Other, please explain: \_\_\_\_\_

**Does entity require Additional Insured status:**                      YES                      NO  
If yes, is it required by written agreement, permit or contract? If yes, please provide a copy.                      YES                      NO

**Is a Waiver of Subrogation required\*?**                      YES                      NO

**Is Primary/Non-Contributory required?**                      YES                      NO

**Name of Entity:** \_\_\_\_\_

**Address of Entity:** \_\_\_\_\_

**Relationship:**                      Government/Municipality                      Venue/Facility                      Beneficiary/Charity  
   Sponsor/Co-Promoter                      Other, please explain: \_\_\_\_\_

**Does entity require Additional Insured status:**                      YES                      NO  
If yes, is it required by written agreement, permit or contract? If yes, please provide a copy.                      YES                      NO

**Is a Waiver of Subrogation required\*?**                      YES                      NO

**Is Primary/Non-Contributory required?**                      YES                      NO

**Name of Entity:** \_\_\_\_\_

**Address of Entity:** \_\_\_\_\_

**Relationship:**                      Government/Municipality                      Venue/Facility                      Beneficiary/Charity  
   Sponsor/Co-Promoter                      Other, please explain: \_\_\_\_\_

**Does entity require Additional Insured status:**                      YES                      NO  
If yes, is it required by written agreement, permit or contract? If yes, please provide a copy.                      YES                      NO

**Is a Waiver of Subrogation required\*?**                      YES                      NO

**Is Primary/Non-Contributory required?**                      YES                      NO

*\*A Waiver of Subrogation endorsement can be added, when required by written contract or permit, for an additional \$125 fee per required contract.*

## BICYCLE POLO EVENT

10.15.18-10.15.19



### APPLICATION CHECKLIST

Please be sure to include the following with your application:

- 🚲 Information about your event/company/organization such as a brochure, advertising or website
- 🚲 A sample copy of the liability waiver you'll be using
- 🚲 A copy of your risk management plan
- 🚲 If you are a new client to our agency, and you have had liability coverage in place elsewhere, please include a 5-year loss run from your prior insurance carrier (a signed statement of no losses may be accepted).

### ACKNOWLEDGEMENTS AND SIGNATURES

- a. Fraud Warning – 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 there to, commits a fraudulent insurance act, which may be a crime.
- b. Applicant's Acknowledgement – I hereby warrant and confirm that the above information, to the best of my knowledge, is true and correct. 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.
- c. Compensation Disclosure – I understand I am under no obligation to purchase insurance or to purchase such insurance through Silent Sports or McKay Insurance Agency, Inc. McKay Insurance receives a commission from the sale of the insurance policy. In addition, McKay Insurance also charges a fee for administrative services provided outside of the solicitation, negotiation and servicing of the insurance policy. The administrative fee is included in, and is not in addition to, the rate/minimum premium shown on page one of this application. This fee is charged on a per participant or per member basis which varies based on the type of exposure and the number of participants or members to be insured. The administrative fee will be broken down on the Member Certificate issued to the Named Insured. The administrative services performed include, but are not limited to risk management services; certificate request processing; online customer tools and resources. McKay Insurance will perform administrative services in accordance with professional standards applicable to the services but shall not be liable to you or to anyone who may claim any right due to any relationship with McKay Insurance for any acts or omissions in the performance of the services unless due to the willful misconduct or gross negligence of McKay Insurance. McKay Insurance's total liability shall be limited to the amount of administrative services paid by you under this agreement.

Your signature on your application, quote form, check, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by McKay Insurance.

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**Applicant Signature (required)**

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**Date**

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**Title**

**PAYMENT OPTIONS**

Enclosed is a check or money order for the total premium.

*\*Please make checks payable to McKay Insurance Agency, Inc. and mail to the PO Box 151, Knoxville, IA 50138*

Please charge my:      VISA      MasterCard      Discover      American Express

Name on Card: \_\_\_\_\_ Exp. Date (mm/yyyy): \_\_\_\_\_

Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name & Phone # of who to contact if we have trouble processing payment: \_\_\_\_\_

Please send a PayPal invoice (via email) to the following email address: \_\_\_\_\_

*\*PayPal invoices can be paid using a credit card, PayPal account, or e-check if you have a PayPal account.*

**Payment Authorization**

- a. If credit card information is provided above, by signing this form you authorize McKay Insurance to debit your card for the full premium, including Expedite Fee (if applicable). If the total premium due differs from the amount you originally calculated using this form due to any change in optional coverages desired, additional endorsements required, underwriting considerations, etc. you will be notified before payment is processed. Premiums are fully earned upon binding. There is no refund for cancellation or under-attendance.

\_\_\_\_\_  
**Applicant Signature (required)**

\_\_\_\_\_  
**Date**

Participation numbers that exceed the insured amount will require additional premium.

Please report final attendance post-event if participation numbers exceed the insured amount. Failure to properly report additional participants may affect your ability to obtain future insurance and could affect claim handling.

[Click here](#) to find a Post-Event Reporting Form. Rain dates are acceptable in lieu of canceling an event.

**No coverage has been bound until Certificates of Insurance have been issued by McKay Insurance.**