

CYCLING WITHOUT AGE

10.15.2023-10.15.2024



YOUR CONTACT INFORMATION

Date _____

Policyholder Name/DBA: _____

Form of Business: 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 participants and volunteers? (REQUIRED) YES NO

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

CYCLING WITHOUT AGE – RATES

Includes General Liability at \$1M Each Occurrence/\$2M General Aggregate; Accident Insurance at \$25K Medical Expense limit (Excess)

This insurance program is available to Cycling Without Age Affiliates based in the U.S.

\$675 Minimum Premium per Policy Period (includes operation of ONE trishaw) + \$50 per additional trishaw
\$.28 per volunteer (in addition to minimum premium)

(EXAMPLE: Organization currently operates 3 trishaws, annual premium = \$775)

**If Inland Marine coverage (Equipment Insurance) is needed for your trishaw(s) or any other equipment owned by your organization, please contact our office for an application.*

YOUR CYCLING WITHOUT AGE PROGRAM INFORMATION

Desired Effective date (mm/dd/yy): _____ **coverage is currently available through 10/15/2024*

Description of Where You Will Operate: _____

of Trishaws Your Organization Currently Operates: _____

Trishaw Premium = \$ _____ (see RATES above)

Estimated # of Volunteers _____ X \$.28 = \$ _____

TOTAL: \$ _____
\$675 minimum + Volunteer Total

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OPTIONAL COVERAGES

Higher General Liability Limits: *(*Subject to approval; subject to change for events with a larger # of participants. Higher Each Occurrence or General Aggregate limits may be available upon request).*

Increase GL limits to \$2M Each Occurrence/\$3M General Aggregate (total) = additional \$1,420 per policy

Increase GL limits to \$1M Each Occurrence/\$3M General Aggregate (total) = additional \$170 per policy

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

\$5K = \$665 per policy \$10K = \$900 per policy \$15K = \$1,025 per policy \$20K = \$1,270 per policy

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

1-5 drivers = \$485 per policy 6-10 drivers = \$605 per policy 10+ drivers = \$605 + \$60 per driver over 10

↳ ____ drivers = \$____ premium

Sexual Abuse Liability \$500,000 Each Occurrence/Aggregate (*Subject to approval) = \$1,050 per policy

Extend Liability to Owned Detached Trailers Endorsement Add Endorsement = \$365 per policy

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.**

PREMIUM TOTAL: \$ _____

CERTIFICATE REQUESTS

A Certificate of Insurance is automatically provided to the Named Insured. If no additional certificates are needed, disregard this section. If more than 3 additional certificates are needed, complete more Certificate Request pages. **CERTIFICATES REQUESTED AFTER YOUR APPLICATION HAS BEEN PROCESSED WILL INCUR A FEE OF \$15 PER CERTIFICATE**

***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 \$135 fee per required contract.*

CYCLING WITHOUT AGE

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APPLICATION CHECKLIST

Please be sure to include the following with your application:

- 🚲 Information about your organization such as a brochure, advertising, or website
- 🚲 A sample copy of the liability waiver you will have all athletic participants sign (including pilots and passengers)
- 🚲 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 DISCLOSURES

- 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. **I understand that all premiums and fees are fully earned upon binding and there is no refund for cancellation or under attendance.**
- 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., DBA: McKay Group. 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 fee breakdown is available upon request by 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.

Applicant Signature (required)

Date

Title

PAYMENT OPTIONS

- Enclosed is a check for the total premium.

**Please make checks payable to McKay Group and mail to the PO Box 151, Knoxville, IA 50138*

- Please charge my: VISA MasterCard Discover American Express

Name on Card: _____ Expiration Date (mm/yyyy): _____

Card Number: _____ CVV: _____ Billing Zip 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 ACH if you have a PayPal account.*

Payment Authorization

- a. If credit card information is provided above, by signing this form you authorize McKay Group 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 Group.

SILENT SPORTS PROGRAM SUMMARY

10.15.2023-10.15.2024



Eligibility: Non-Motorized Sports within the scope of the programs

Benefits: Affordable Insurance for Silent Sport Clubs & Events

Commercial General Liability Insurance

Liability Insurance provided by Evanston Insurance Company (Non-Admitted), an "A" (Excellent) Rated Company by A.M. Best Company

Protects your company/organization from a variety of claims including bodily injury, property damage, personal injury and others that can arise from your company/organization's Cycling Without Age Trishaw Ride Program activities.

Coverage available for approved events/operations including:

- 🚲 Cycling Without Age Trishaw Ride Programs

Coverage is provided for, but not limited to:

- 🚲 Volunteer workers or employees while performing duties related to the conduct of your business
- 🚲 Cost of Defense (outside limits of liability)
- 🚲 Limited libel, slander, defamation, invasion of privacy, copyright infringement, piracy
- 🚲 Product Liability & Completed operations for food or merchandise
- 🚲 Liability you assume under approved contract

Notable EXCLUSIONS include (this is not a complete list of exclusions):

- ⊗ Fraudulent or dishonest acts
- ⊗ Damage to property you own, rent, borrow, or occupy
- ⊗ Injuries to your employees (covered by Workers Comp)
- ⊗ Communicable Disease
- ⊗ Fungi or Bacteria, Asbestos & Pollution Hazards
- ⊗ Liquor Liability
- ⊗ Owned/Non-Owned Aircraft & Automobiles
- ⊗ Consultation Errors or Omissions
- ⊗ Electric Bike Rentals
- ⊗ Punitive or Exemplary Damages
- ⊗ Assault and/or Battery
- ⊗ Downhill Skiing & Ski Jumping
- ⊗ Water Skiing
- ⊗ Mountain/Rock Climbing
- ⊗ Equestrian Activities
- ⊗ Inflatables
- ⊗ Scuba Diving
- ⊗ Ownership, Building, Designing of Trails**
- ⊗ Health & Exercise Trainer Facilities
- ⊗ Paddle Board Rentals
- ⊗ Mud Runs/Obstacle Races
- ⊗ Sexual Abuse, Molestation or Exploitation
- ⊗ Medical Payments (see below)
- ⊗ Marijuana

Accident Insurance

Accident Insurance provided by Gerber Life Insurance Company, an "A" (Excellent) Rated Company by A.M. Best Company

This policy provides a Medical Expense benefit (Excess/Secondary) and an Accidental Death Benefit. Coverage is available to your participants, volunteers, and staff who sustain an injury caused by an accident while participating or volunteering in an insured event/activity sponsored and supervised by the policy holder. This is not a replacement for Workers' Compensation.

General Liability

Includes coverage for claims brought by athletic participants, spectators, & volunteers

\$1,000,000	Each Occurrence
\$300,000	Damage to Rented Premises
Excluded	Medical Payments
\$1,000,000	Personal/Advertising Injury
\$2,000,000	General Aggregate
\$2,000,000	Products/Completed Ops. Agg.

Accident Insurance

Available to participants and volunteers who are injured while participating in an activity sponsored by the Policyholder

Excess Coverage

\$25,000	Maximum Medical Benefit per Claim
\$10,000	Accidental Death
Deductible - \$250	per Claim
Physical Therapy Limit - \$1,000	
Outpatient Misc. Limit - \$5,000	

Policy Premium

Minimum premium (includes operation of 1 trishaw) plus fee per additional trishaw currently in operation at the time of application.

Optional Coverages

Increased GL Limits: up to \$3M occ/\$5M agg
Property of Others: limits from \$5K-\$20K
Hired/Non-Owned Auto Liability: \$1M CSL
Sexual Abuse/Molestation: \$500K limit
Extend Liability to Owned, Detached Trailer

**Exclusion:

- 1.) Designing or building for any trail for bicycling, hiking, or other use.
- 2.) All features built on trails owned or leased by insureds.
- 3.) Operation of ATV's, motorcycles, woodchippers, & any other powered self-propelled riding unit
- 4.) Operation of any power machine except non-riding mowers not to exceed 7.5 horsepower, weed eaters, & chainsaws not to exceed 61cc.

Endorsement Highlights: MGL 1298 (10/17) Limitation of Covg – Athletic Participant Waiver & Release; MGL 1326 (10/17) Exclusion – Designated operations, Activities & Items; CG 2012 (4/13) Additional Insured State & Political Subdivision-Permits; CG 2026 (4/13) Additional Insured-Designated Person or Organization; MGL 1528 (10/17) – Designated Event General Agg Limit; MGL 1523 (10/17) – Who Is An Insured (Volunteer Worker)

We have found a few questions that were commonly asked, and we have attempted to address them as well as provide some general parameters for the Silent Sports Association Insurance Program (Events, Tours, Bike Rentals).

COMMERCIAL GENERAL LIABILITY

Protects the organization against lawsuits arising from Bodily Injury, Property Damage, Personal and Advertising Injury. Liability protection is provided by this policy for your sponsored and supervised activities. Claims examples under our Silent Sports Program General Liability policy include lawsuits coming from injured participants, injured spectators, or third parties who seek damages for alleged liability.

This policy is written on an occurrence basis. Cost of Defense: outside limits of liability. Coverage Included for Claims by Athletic Participants (you must have procedures in place to secure a signed waiver/release of liability from all Athletic Participants).

ACCIDENT INSURANCE

Accident Insurance is designed to supplement existing primary medical policies and help pay out-of-pocket medical expenses incurred by injured registered participants of your event(s) who sustain bodily injury as the result of an accident during your sponsored and supervised activities.

The Medical Expense benefit is provided on an **Excess** basis and is secondary to any other plans, subject to the terms and conditions of the policy. Only registered participants of your organization are eligible for this coverage. At the time of application, you have the option to elect this Excess Accident Medical coverage for any non-participant volunteers as well.

LIABILITY WAIVER REQUIREMENT

In the event of a lawsuit, a well drafted release of liability waiver is the first line of defense for your organization. It is a requirement of the Silent Sports Association Insurance Program that you have a procedure in place to secure a signed waiver/release of liability from all “athletic participants”.

If your organization has implemented procedures to secure signed release of liability waivers by all athletic participants, but you are unable to provide such release at the time of an incident despite your best efforts, your organization must assume and pay the first \$500 of each occurrence (including supplemental payments) resulting in an “athletic participant” legal liability claim.

Release of liability waivers are to be considered valuable papers and their destruction is subject to applicable insurance laws in respect of the retention of records.

EQUIPMENT INSURANCE

McKay Group has partnered with RPS Bollinger Sports & Leisure to offer Inland Marine coverage (Equipment Insurance). Under the Equipment Insurance Plan, the equipment owned by the club is protected against loss, including fire and theft. Coverage applies to the full replacement cost value of each piece of equipment (subject to the policy limits). A complete inventory list (including each item type and its replacement cost value) is required at the time of application. No coverage applies to equipment that is loaned or given out to members, coaches, volunteers, or others.

If you are interested in coverage for equipment owned by the club, contact McKay Group for a quote. **Note – this plan is separate from the Silent Sports Association Insurance Program.*

DIRECTORS & OFFICERS LIABILITY INSURANCE

McKay Group has partnered with RPS Bollinger Sports & Leisure to offer a combined plan of Directors & Officers Liability (D&O) and Employment Practices Liability (EPL) for non-profit sports organizations. This plan provides protection for lawsuits stemming from actual or alleged wrongful acts and errors and omissions against the directors and officers of 501c3, 501c4 and 501c7 Non-Profit Sports Organizations, as well as their employees and volunteers. The policy provides protection for suits brought against the sports organization as an entity, as well as individuals who are acting in an official capacity on behalf of the organization.

SILENT SPORTS PROGRAM – CYCLING WITHOUT AGE FAQ

If you have not already purchased D&O coverage for your organization now is the time to do this! Contact McKay Group for a quote. **Note – this plan is separate from the Silent Sports Association Insurance Program.*

CRIME INSURANCE

McKay Group has partnered with RPS Bollinger Sports & Leisure to offer Crime Insurance protection for 501c3, 501c4 and 501c7 Non-Profit Sports Organizations. This plan provides protection against the financial loss caused by the dishonest disappearance of money, securities, or financial instruments. This policy is written on an occurrence basis.

What is Not Covered by Crime Insurance? This policy does not cover computer theft or fraud. The Crime policy also does not provide protection for loss of equipment or other club property – that exposure can be covered under a separate equipment insurance policy.

If you have not already purchased Crime Insurance for your organization now is the time to do this! Contact McKay Group for a quote. **Note – this plan is separate from the Silent Sports Association Insurance Program.*

HIRED AND NON-OWNED AUTO LIABILITY

Hired and Non-Owned Automobile Liability (HNOA) has been available under the Silent Sports program in the past and is available again this year. This coverage is designed to protect an organization from auto liability claims when your organization rents vehicles on the business of the organization and/or when employees or volunteers drive their own vehicles on behalf of the organization. Coverage is excess over any primary insurance covering the hired auto or non-owned auto.

For risk management purposes, the following guidelines should be followed with respect to the use of hired and non-owned vehicles:

- ✓ Drivers under the age of 25 and over the age of 70 should not be appointed to drive on behalf of an event/organization
- ✓ Drivers should have no more than 1 speeding violation in the past year and no major moving violations.
- ✓ As part of your Risk Management Plan, you should have a written policy on vehicle use consisting of policies such as, but not limited to:
 - Limiting those driving on behalf of the organization only to those authorized by the organization
 - Avoiding personal errands
 - Inspection of the vehicle prior to use
 - Procedures for reporting accidents
 - Confirming that each driver is capable and familiar with the vehicle which they have been assigned to drive (For example – does the person have previous experience driving a larger passenger van or a box truck?)

SEXUAL ABUSE LIABILITY COVERAGE (SafeKids Program)

We are pleased to offer a risk management program for our insured organizations that work with children called SafeKids. We feel that this is an important coverage and should strongly be considered by your organization, especially if you are a youth-serving organization. The SafeKids program offers policies and guidelines for adoption by your organization to help reduce and prevent abuse.

In addition to the SafeKids risk management program we can now offer coverage for Sexual Abuse and Molestation for your organization. To get a quote for this important coverage please contact McKay Group.

McKay Group
PO Box 151 | 106 East Main Street
Knoxville, IA 50138

<https://www.silentportsinsurance.com>

sports@mckayinsagency.com
phone: (800)942-0283
fax: (641)828-2013