HARBOR, BAY OR RIVER SWIM EVENT

10.15.2026-10.15.2027

YOUR CONTACT INFORMATION

Date _____

Named Insured:_____ DBA (*if any*):_____

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 event participants and volunteers? (REQUIRED) ❑ YES ❑ NO

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

HARBOR, BAY OR RIVER SWIM EVENT – RATES

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

$6.55 per participant, per day
$615 Minimum Premium per Event

$.31 per volunteer *(in addition to minimum premium)*

YOUR EVENT INFORMATION

Event Name _____ Event Date(s) _____ # of Days_____

# of Participant days _____ X $6.55 = $_____ *$615 minimum*

# of Volunteers _____ X $.31 = $_____

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 $785 per event
❑ Increase GL limits to $1M Each Occurrence/$3M General Aggregate (total) = additional $185 per event

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

❑ $5K = $365 per event ❑ $10K = $490 per event ❑ $15K = $725 per event ❑ $20K = $995 per event

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

❑ 1-5 drivers = $515 per event ❑ 6-10 drivers = $645 per event ❑ 10+ drivers = $645 + $63 per driver over 10

↳ ____ drivers = $____ premium

❑ **Sexual Abuse Liability** $500,000 Each Occurrence/Aggregate (*Subject to approval) = $1,125 per event

Expedite: *Applications are normally processed within 2-4 business days from the date we receive your complete submission. If expedited processing is needed, a $75 fee applies. Any applications received within 5 business days of the event date incur a $75 expedite fee.* ❑ ***Check here if Expedited processing is needed.***

EVENT 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: _____

Describe what event/activity this request is for and date(s): _____

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: _____

Describe what event/activity this request is for and date(s): _____

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: _____

Describe what event/activity this request is for and date(s): _____

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 $150 fee per required contract.*

HARBOR, BAY OR RIVER SWIM EVENT

10.15.2026-10.15.2027

Silent Sports INSURANCE
A DIVISION OF MCKAY GROUP

APPLICATION CHECKLIST

Please be sure to include the following with your application:

- Information about your event such as a brochure, advertising, or website
- A sample copy of the liability waiver you will have all athletic participants sign
- 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 administrative fee will be broken down within the Certificates of Insurance 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.

_____ _____

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 PO Box 151, Knoxville, IA 50138*

- ❑ 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 by phone, 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.

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

https://www.silentsportsinsurance.com

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

SILENT SPORTS PROGRAM SUMMARY

10.15.2026-10.15.2027

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 event(s).

Coverage available for approved events/operations including:

- Road and Mtn Bike Tours
- Hiking Tours
- Run/Walk Events
- Triathlon/Duathlon Events
- Camps/Clinics
- Festivals
- Bike Polo Events
- Swimming Events
- Road and Mtn Bike Races
- Road and Mtn Bike Rides
- Cyclocross Races
- Adventure Races
- Bicycle Rentals (NO E-Bikes)
- XC Ski & Snowshoe Events
- Canoe, Kayak, SUP & Dragon Boat Tours & Events
- 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

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
$5,000 Accidental Death
Deductible - $250 per Claim
Physical Therapy Limit - $1,000
Outpatient Misc. Limit - $5,000

Policy Premium

Premium for tours and events is based on the number of participant days and volunteers.

Premium for bicycle rentals is based on the number of estimated rental days.

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: - The designing or building of any trail including, but not limited to, biking or hiking trails; or
- Design or maintenance of any artificial features, including, but not limited to, steps, or boardwalks, built on trails owned or leased by the insured or any other party, including public or maintenance contractors
- Operation involving the use of of all-terrain vehicles, motorcycles, wood chippers, & any other powered self-propelled riding unit (other than the insured's use of owned electronic bikes/e-bikes);
- Operation of any power machine except non-riding mowers not to exceed 7.5 horse power, weed eaters and chainsaws not to exceed 61CC.

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 registered 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.

Endorsement Highlights: MGL 1298 (10/17) Limitation of Covg – Athletic Participant Waiver & Release; MGL 1326 (11/23) 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)

SILENT SPORTS PROGRAM – EVENT, TOUR, BIKE RENTAL FAQ

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).

Coverage available for approved events/operations including:

- ✓ Road and Mtn Bike Tours
- ✓ Hiking Tours
- ✓ Bicycle Rentals
- ✓ Run/Walk Events
- ✓ Triathlon/Duathlon Events
- ✓ Camps/Clinics
- ✓ Cycling Without Age Trishaw
- ✓ Festivals
- ✓ Bike Polo Events
- ✓ Swimming Events
- ✓ Road and Mtn Bike Races
- ✓ Road and Mtn Bike Rides
- ✓ Cyclocross Races
- Ride Program
- ✓ Adventure Races
- ✓ XC Ski & Snowshoe Events
- ✓ Canoe, Kayak, Paddle Board & Dragon Boat Tours & Events

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.

ELECTRIC BICYCLES (E-BIKES)

For events, camps/clinics, tours, it is acceptible for participants to use their own e-bike during your sponsored and supervised activities. Electric bike (e-bike) rentals are EXCLUDED, and therefore are not eligible for this program.

MINIMUM AGE FOR PARTICIPANTS

There is no minimum age for participants. For any minor age participants, it is important that a release of liability waiver is signed by their parent or guardian. If you provide SAG service for your event, please remember that you may be required to have a child safety seat in each SAG vehicle. If you are not equipped for small children, you should notify the participants of this limitation.

SILENT SPORTS PROGRAM – EVENT, TOUR, BIKE RENTAL FAQ

BICYCLE RENTALS

If you operate guided bicycle tours, and include the use of a bike for a guided tour at no additional cost to the participant, no additional coverage is needed.

If you operate guided bicycle tours and rent bikes to your participants at an additional cost to the participant, additional premium applies for the rental exposure.

If you rent bikes stand alone (no guided tour provided or bike is used for a 'self-guided' tour), you will need to purchase separate Bike Rental coverage for your entire Bike Rental exposure, subject to a minimum premium.

All groups with a bike rental exposure are required to utilize a written maintenance program or log for your rental bike fleet.

Electric bike (e-bike) rentals are EXCLUDED, and therefore are not eligible for this 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?)

PROPERTY OF OTHERS IN YOUR CARE, CUSTODY OR CONTROL

Coverage may be purchased for the personal property of your tour participants while in your care, custody, or control. This coverage is excess over any other insurance, whether primary, excess, contingent, or any other basis, available for "property damage" to personal property in your care, custody, or control. The coverage is designed to provide a minimum amount of coverage for property that is damaged or stolen while in your care. There is no need to prove liability or negligence on your part; it is a goodwill payment that is triggered by the occurrence. We feel that this is an important coverage that can assure the relationship you have worked hard to build with your tour participants.

LIQUOR LIABILITY

The General Liability policy excludes liquor liability. If your organization is serving or furnishing alcoholic beverages for a charge, a separate Liquor Liability policy is needed, regardless of whether the activity requires a liquor license. While the General Liability policy excludes liquor liability, it does include a 'host liquor' provision, which provides liability coverage for bodily injury or property damage arising out of the serving or distribution of alcoholic beverages by a party not engaged in this activity as a business enterprise. If your organization needs a quote for Liquor Liability coverage contact McKay Group for an application.

SILENT SPORTS PROGRAM – EVENT, TOUR, BIKE RENTAL FAQ

TRAVEL INSURANCE

As an added service, McKay Insurance has partnered with Travelex Insurance Services to offer Travel Insurance to your event participants. You and your participants can visit the Travelex website for more information and to obtain a quote.

ADDITIONAL INSURED – MEDICAL PERSONNEL

Coverage is available for medical personnel. This endorsement would provide employees and volunteers of your organization, who are (I) Nurses; (II) Emergency Technicians, (III) First Aid Attendants, or (IV) Paramedics, professional liability coverage for their emergency medical services. "Emergency medical services mean immediate first aid, emergency care of basic life support rendered, or which should have been rendered to any person." Please contact McKay Group for further details.

SUBCONTRACTOR OR EMPLOYEE?

Many tour operators call their tour guides subcontractors for tax purposes and pay them with a 1099, but this doesn't mean they are an independent contractor for insurance purposes, especially Workers Compensation. Each state varies a bit so you should check with an attorney in your state. Often you will have to prove that they are truly independent. For example, do they set their own schedule, provide their own equipment and do they bill you for services?

If it appears that they are an employee, you may be subject to Workers Compensation statutes making you responsible for any medical and lost work time expense due to an on the job injury. If so, you may want to consider a Worker's Compensation insurance policy or work with your contractors and an attorney to make sure they are truly independent.

TRAIL DESIGN OR FEATURES AND DESIGNATED OPERATIONS EXCLUSION

This program is designed to provide risk management guidance and insurance coverage for sports organizations. Over the years the activities of cycling clubs have grown, and for some clubs, the focus has changed from sports-related activities to the design and construction of trails and land maintenance. To preserve the integrity of the program and keep costs low for sports-focused organizations the following Trail Maintenance and Construction Exclusion was added.

Exclusion:

1.) The designing or building of any trail including, but not limited to, biking or hiking trails; or
2.) Design or maintenance of any artificial features, including, but not limited to, steps, or boardwalks, built on trails owned or leased by the insured or any other party, including public or maintenance contractors
3.) Operation involving the use of of all-terrain vehicles, motorcycles, wood chippers, and any other powered self-propelled riding unit (other than the insured's use of owned electronic bikes/e-bikes);
4.) Operation of any power machine except non-riding mowers not to exceed 7.5 horse power, weed eaters and chainsaws not to exceed 61CC.

SEXUAL ABUSE LIABILITY COVERAGE (SafeKids Program)

We are pleased to offer a risk management program for our insured organizations who work with children called SafeKids. SafeKids offers policies and guidelines for adoption by your organization to help reduce and prevent abuse.

In addition to the SafeKids risk management program we also offer Sexual Abuse Liability for your organization as an optional coverage We feel that this is an important coverage and should strongly be considered by your organization, especially if you are a youth-serving organization. To get a quote for this important coverage please contact McKay Group.

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.

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

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