

ROAD BIKE RACE SERIES

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

ROAD BIKE RACE SERIES – RATES (includes General Liability & Excess Accident Medical)

\$4.80 per participant, per day

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

\$1,750 Minimum Premium per Policy Period

Practice days: one day practice premiums are charged at ½ the # of race participants X \$4.80

ROAD BIKE RACE SERIES GENERAL GUIDELINES

- 🚲 You are required to report your final number of participants and volunteers within 3 business days following each event using the Post-Event Reporting Form (click here for the Series reporting form).
- 🚲 Post-Event Reports can be emailed to insurance@mckayinsagency.com or faxed to our office at (641)828-2013.
- 🚲 Your initial payment (at least the minimum premium + volunteer total) is held on account as a minimum and deposit premium to apply towards the actual amount owed for each event. Upon receipt of your Post-Event Report we will calculate the premium owed and deduct this from the minimum and deposit premium on account.
- 🚲 If premium for your insured events exceeds the initial payment amount made you are required to a.) make an additional lump sum premium payment to hold on account to use towards per event reporting or b.) provide a credit card or PayPal account to be billed after each event. In the event you make an additional lump sum premium payment (after the minimum premium is exceeded) and a credit balance remains once your Series is over, we will refund any remaining credit balance.
- 🚲 If premium for your insured events does not exceed the minimum premium, no portion will be refunded as that is the minimum premium required to bind coverage.

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YOUR EVENT INFORMATION

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

of Participant days _____ X \$4.80 = \$ _____ # of Volunteers _____ X \$.28 = \$ _____

Check here if your race has a practice day: 1/2 the # of race day participants _____ X \$4.80 = \$ _____

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

of Participant days _____ X \$4.80 = \$ _____ # of Volunteers _____ X \$.28 = \$ _____

Check here if your race has a practice day: 1/2 the # of race day participants _____ X \$4.80 = \$ _____

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

of Participant days _____ X \$4.80 = \$ _____ # of Volunteers _____ X \$.28 = \$ _____

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

of Participant days _____ X \$4.80 = \$ _____ # of Volunteers _____ X \$.28 = \$ _____

Check here if your race has a practice day: 1/2 the # of race day participants _____ X \$4.80 = \$ _____

**If you have more than 5 events, please provide a separate page providing the information above for each event.*

TOTAL: \$ _____
\$1,750 minimum + Volunteer Total

OPTIONAL COVERAGES

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

\$1,270 for Series of events (**Subject to change for events with a larger # of participants. You will be notified prior to binding.*)

**If Excess Liability or higher limits are needed for one specific event/date only, you will need to apply for that event individually.*

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

Specify Event Name/Date this coverage is desired for, if single event: _____

\$5K = \$605 for Series \$10K = \$820 for Series \$15K = \$935 for Series \$20K = \$1,160 for Series

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

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

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

\$950 for Series (**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.*

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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.

Applicant Signature (required)

Date

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.