



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-678-7342 • Fax 80-478-9880
quotes@primeis.com

BMX EVENTS

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____ Producer's Name: _____

Please list the Promoter(s)/Manager(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: _____

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: _____

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

D. Desired Insurance

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	\$1,000,000/\$2,000,000	<input type="checkbox"/>	\$500,000/\$1,000,000/\$2,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Optional Coverage:

Excess Medical for Participants Excess Medical for Volunteers Premises Liability

Self-Insured Retention (SIR): \$0 \$500 \$1,000 \$1,500 \$2,500 \$5,000 \$10,000

E. Business Activities

1. Name of promoter or club/association: _____

a. Address: _____

b. City: _____ State: _____ Zip: _____

c. Phone: _____ Fax: _____

d. E-mail: _____

2. Is this event(s) sanctioned by the above entity? Yes No

If yes, please provide any applicable reference number: _____

3. Are you interested in single event coverage, or an annual policy where multiple events are provided coverage? Single Annual with multiple events

Please provide answers to the following for the event (if annual coverage is requested, provide this information for EACH event):

4. Will there be set practice dates for each event? Yes No

5. Date(s) for which coverage is desired: _____

6. Date(s) for all scheduled event(s): _____

7. Name of event(s): _____

8. Location of each event: _____

9. Total number of riders? _____

10. Please select the types of events scheduled: Freestyle Triples Race

Other: _____

11. Is location temporary or permanent? Temporary Permanent

12. Attach exact schedule of events, meetings, gatherings, or participants, etc.

13. If there is a website related to the event(s) (a promotional website, etc.), list the website address here. If not, indicate "not applicable." _____

14. Is event indoors or outdoors? Indoors Outdoors

If outside:

a. Is area fenced or otherwise enclosed and controlled? Yes No

15. Is seating reserved or general admission? Reserved General Admission Both

16. Are seats of temporary or permanent construction? Temporary Permanent

Are they owned or subcontracted? Owned Subcontracted

17. Describe construction and seating capacity: _____

18. Are any Additional Named Insureds required? Yes No

If yes, who are they, what interest do they have, and what is their relationship to event, etc. _____

19. Will there be any exhibitions, demonstrations, parades or other associated activities with the event(s)?

Yes No

If yes, describe completely: (Attach list of each booth with descriptions of products or activities.)

20. Are vendors required to provide proof of insurance? Yes No

If yes, what limit is required? _____

SPECTATORS

21. Is there a minimum 30 feet between the course edge and crowd control barrier(s)? Yes No

22. Estimate total spectators at each event: _____

PARTICIPANTS/RIDERS

23. Are persons under 16 years old allowed to participate? Yes No

If yes, what classes are they allowed to participate in? _____

What is the minimum age for participants in the above classes? _____

24. Are all participants required to complete and sign a release? Yes No

25. Please describe rules of participation and how participants are informed, disclosure of risks inherent to the activity, warned in writing of hazards, are pre-event meetings held, describe other safety precautions taken:

VOLUNTEERS

26. Expected number of volunteers? _____

27. Describe completely duties and expectations of all volunteers. _____

NOTE: All Volunteers must complete and sign an Agreement and Release of Liability Form assuming the risks inherent and associated with the risk. Please provide a copy of the agreement and release form to be used.

SUBCONTRACTED PROVIDERS OR SERVICES

28. The below categories are services or equipment which may be sub-contracted or performed by you or your organization. Check all boxes for services or equipment being performed by Sub-Contractors:

- Food Concession Beverage Concession Liquor(include beer, wine)
- Bleachers or Scaffolds Stunt Performers Security
- Construction Services Fireworks Equipment

29. Please provide specific descriptions of any other Sub-Contractors not listed above: _____

30. Please provide name, phone number and proof of insurance for all Sub-Contractors.

NOTE: It is critical to verify and obtain proof of insurance and limit of liability from all Sub-Contractors or you will be held liable and be without insurance.

31. Food and drink provided by? _____

a. Name of liquor provider: _____

b. Please note: Beer Wine Hard Liquor

KEY PERSONNEL

32. Name of person(s) in charge of and responsible for safety:

a. Address: _____

b. City: _____ State: _____ Zip: _____

c. Phone: _____ Fax: _____

d. E-mail: _____

EMERGENCY MEDICAL PLANS

33. Describe completely the emergency medical evacuation plans, affected for this event. Attach additional sheets if necessary. _____

34. What types of medical aid and security are present at the event? (check all that apply)

- Police Private Security Staff EMS Private Medical Staff

PARTICIPANT EQUIPMENT (PER EVENT) CHECK, TECH, ETC.

35. Please describe how participant's equipment is inspected prior to participation in the event. _____

VERY IMPORTANT

1. Attach copies of all leases and/or hold harmless agreements in effect
2. Include diagrams showing specific location(s); noting exact distances; and identifying set up procedures for all facilities. The diagrams must include, and clearly identify spectator areas, transition areas, medical tent, and location of medical service vehicle, staging areas, concession stands, and distances between each location. A complete layout is required.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____ Dated: _____

Applicant: _____ Agent/Broker: _____

Signature

Signature

Print Name

Print Name