



Obstacle Course Race - Application

SUBMISSION DATE:

Name of Organization:			
Contact First & Last Name:			
Mailing Address:			
	City:	State:	Zip
E-mail address:			
Phone #	Mobile# :	Fax:	

Coverage Dates *(including set up, tear down, or other practice dates)*:

Start Date _____ (mm/dd/yyyy) End Date _____ (mm/dd/yyyy)

Description of Organization/Event

Do you wish to cover the athletic participants at your events? YES NO
(If yes, please complete Questions 9 & 10. If no, please skip to Question #11)

What is the number of athletic participants at each of your events? _____

For Athletic Participants Coverage, please list the, number of participants , if they are youth or adults, and number of days they are participating:

Event:	Youth or Adult	# of Participants	# of Days

Select Participant Accident Limit Desired: \$10,000 \$25,000 \$50,000 \$100,000

What is the average number of Attendees/Spectators at your events? _____

What is the number of events you wish to insure under this policy? _____



Please List the dates, locations, and type of event of ALL these events you wish to cover under this policy (*please attach a separate document if needed*):

DATE	LOCATION	TYPE OF EVENT

Have You Ever Had this Event Before In the Past? YES NO

Have you ever had a loss or a claim? If yes, please describe:

Please List ALL Additional Insured/Certificate Recipients:

(An Additional Insured is any entity or individual asking for proof of insurance, such as a landlord or a vendor. Please attach a separate document if needed)

Additional Insured Name:	Address:

Is the Facility Indoors or Outdoors: YES NO
If Outdoors, is it Fenced? YES NO

Will Any Alcohol Be Sold by your organization for profit? If YES NO
Yes, do you want to purchase Liquor Liability? YES NO

If Yes, What is your estimated Liquor Sales? \$ _____

What is the total estimated number of people consuming alcohol?

Will you have any Animals, Pyrotechnics, Inflatables, Motor Sports, Live Hip Hop



PARTICIPANT ACCIDENT COVERAGE (If this coverage is not needed, please skip to the next section)

COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Amount	Excess	Primary	Deductible
Accidental death and dismemberment				
Accidental medical expense				
Aggregate				
Chiropractic				
Other				
Disability: \$ _____ per week for up to # _____ weeks				
Incurred Period (length of time accident medical benefits will be paid)		<input type="checkbox"/> 12 Months	<input type="checkbox"/> 24 Months	<input type="checkbox"/> 36 Months

UNDERWRITING INFORMATION

Participant Information	
Is Insurance for Participant Accident: <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary	Please explain:
Description of Covered Activities:	
Does coverage provide for: <input type="checkbox"/> Participation in Covered Activities only <input type="checkbox"/> Include Travel to & from Covered Activities	
Is there a Formal Injury Control program in place for the participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:
Please describe the Medical and First Aid Facilities and Professionals provided for the injured participants during events:	



Entertainment, Rock Wall Climbing, Scuba, Horses or Rodeo, Ballooning, Trampolines, Water Skiing, Aircraft, Water Sports, or other hazardous activities at any of your events? (This does NOT necessarily mean your application will be declined) YES NO

If Yes, please list the activity you will have and explain :

What are the estimated Gross Revenues for your organization? From:

Participants Entry \$ _____
Sales/Concessions \$ _____

What Safety Precautions are in effect? Please specify. (waivers, helmets, etc)

****THE FOLLOWING MUST BE READ & SIGNED BEFORE A QUOTE CAN BE OFFERED:****

_____(Initial) I hereby acknowledge that all athletic participants will be required to sign a waiver before participating in any sport activity.

_____(Initial) I understand that if I elect not to purchase coverage for Athletic Participants, I will not be covered for participant liability or injuries (Question #8)

_____(Initial) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and accurate to the best of my knowledge. I also understand that coverage may be considered NULL and VOID if the information I provided is false.

Signature of Applicant

Date

COURSE LAYOUT

USE SYMBOLS: Include the following symbols in your diagram:

(S) Security	(V) Vendors
(C) Check in - Officials	(R) REST ROOMS
(X) Restricted Area / Participants only	(SV) SPECTATOR VIEWING
(P) Parking	_____ BARRIER
(A) Ambulance / First Aid	- - - - - FENCING



It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND ESTIMATES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or
Officer Authorized to Sign as Applicant

Applicant's Printed Name: _____

Title: _____

Date: _____

Producer Name: _____

License#: _____

FRAUD STATEMENTS**GENERAL STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another 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 thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Applicable in all states except those specifically identified below).

APPLICABLE IN ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND and WEST VIRGINIA

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to (civil)** fines and (criminal penalties)** confinement in prison. *Applies in MD only. ** Applies in NM only.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY, NEW YORK, AND PENNSYLVANIA

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 thereto commits a fraudulent insurance act, which is a crime (and subjects such person to criminal and civil penalties)* (not to exceed five thousand dollars and the stated value of the claim for each such violation)**. *Applies in NY and PA only. **Applies in NY Only.

NEW YORK – AUTO SPECIFIC

Auto: All applications for automobile insurance and all claim forms – “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.”

PENNSYLVANIA – AUTO SPECIFIC

Auto: “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

APPLICABLE IN MASSACHUSETTS and NEBRASKA

Any person who knowingly and with intent to defraud any insurance company or another 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 thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, and WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines, and denial of insurance benefits. * Applies in ME Only.

TENNESSEE – WC ONLY

Workers Compensation: “It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.”

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.