



EVENT INSURANCE ORDER FORM

IF A CERTIFICATE OF INSURANCE IS NEEDED, PLEASE SUBMIT THIS APPLICATION, ALONG WITH PREMIUM TWO (2) WEEKS PRIOR TO THE EVENT TO ENSURE PROPER MAIL TIME.

1. Club, Association or Promoter: _____
Address: _____

Phone: _____ Fax: _____ E-Mail: _____
2. Type of Event: _____
3. Facility Name: _____
4. Event Dates: _____
Practice Dates: _____
Qualifying Dates: _____
Competition Dates: _____
5. Coverages Requested: _____ Liability Limits: _____
5. Participant Accident: Accidental Death & Dismemberment: _____
Medical: N/A Primary: N/A Excess: N/A
Weekly Indemnity: N/A
6. Premium Remitted: _____ Check No.: _____
7. Additional Insureds and Relationship: _____

8. Website Address: _____
9. Authorized Signature: _____
10. Special Requests: _____

I UNDERSTAND THAT JONES BROWN INC. FOR THE INSURING COMPANY, IS PERMITTED, BUT NOT OBLIGATED, TO SURVEY OUR PROPERTY AND OPERATIONS FOR UNDERWRITING AND/OR LOSS CONTROL PURPOSES AT ANY TIME. I ALSO UNDERSTAND THAT, BY MAKING AN UNDERWRITING AND/OR LOSS CONTROL SURVEY, OR PROVIDING ANY REPORT OF RECOMMENDATIONS, JONES BROWN IS NOT UNDERTAKING, ON BEHALF OF, OR FOR OUR BENEFIT (OR OTHERS), TO DETERMINE WHETHER OUR PROPERTY OR OPERATIONS ARE SAFE, OR IN COMPLIANCE WITH ANY STANDARDS, RULES OR REGULATIONS. UNDERWRITING AND/OR LOSS CONTROL SURVEYS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, UNDERWRITING AND SEEKING TO REDUCE CLAIMS AGAINST INSURANCE AND ARE NOT FOR THE BENEFIT OF ANY INSURED OR THIRD PARTY. I UNDERSTAND AND ACKNOWLEDGE THAT WE, THE INSURED, ARE SOLELY RESPONSIBLE FOR THE SAFETY OF OUR PROPERTY AND OPERATIONS, AND WE SHALL NOT REPLY UPON UNDERWRITING AND/OR LOSS CONTROL SURVEYS OR ACTIVITIES TO DETERMINE THE SAFETY OF OUR PROPERTY OR OPERATIONS AND WE SHALL NOT DIMINISH OR FOREGO OUR OWN SAFETY PRACTICES AND PROCEDURES IN RELIANCE UPON ANY JONES BROWN INC. SURVEY.

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED. ANY MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE INSURANCE COMPANY TO RESCIND THE POLICY, VOIDING ALL INSURANCE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT.

IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF ANY POLICY, SHOULD A POLICY BE ISSUED AS A RESULT OF THIS APPLICATION. THE APPLICATION SHALL BE DEEMED A SCHEDULE TO SUCH POLICY, BUT THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER UNLESS AND UNTIL A POLICY OF INSURANCE IS ISSUED IN RESPONSE TO THIS APPLICATION.

Signature

Date

By signing above, I authorize Jones Brown Inc., in accordance with provincial regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.