

Specialty Insurance Coverage For Fraternal Societies, Orders and Associations



Coverage is offered only to qualified
501(c)(8) fraternal organizations.

Francis L. Dean & Associates, LLC

FDL

The Leader in Sports, Leisure and Entertainment Insurance

Specialty Insurance Coverage For Fraternal Societies, Orders and Associations

Fraternal organizations create an environment of companionship and brotherhood, dedicated to the intellectual, physical and social development of its members....but can also result in accident and injury. Many families have little or no medical insurance, and those who have coverage may be required to meet large deductibles before their insurance pays any benefits. In addition, many event venues require liability insurance for protection from lawsuits of bodily injury and/or property damage.

This Specialty Insurance Program for Fraternal Societies, Orders and Associations is designed to help eliminate the financial and emotional burden one can incur as a result of a lawsuit or participant injury claim. Liability insurance coverage is offered as a standard product with optional coverages also available such as equipment, hired and non-owned automobiles and additional higher liability insurance limits.

The Liability Coverage

\$1,000,000.00 Coverage

(Protect you in the event of a lawsuit or property damage)

Who is Covered?

This \$1,000,000.00 occurrence form general liability program provides protection for your organization, directors, and members against claims of bodily injury liability, property damage liability, personal and advertising injury liability, and the litigation costs to defend against such claims. There is no deductible amount for this coverage. Coverage is offered through the Sports and Recreation Providers Purchasing Group, pursuant to the Federal Risk Retention Act of 1986.

Coverage includes suits arising out of:

- Injury or death of members
- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Host liquor liability (nonprofit)
- General negligence claims
- All activities necessary or incidental to conduct of activities

- Cost of Investigation and defense of claims, even if groundless
- Ownership, use, or maintenance of lodges or venues

Standard additional insureds such as landlords or event venues can be added at no additional charge.

Exclusions

Abuse or molestation (unless optional coverage is selected), aircraft, all acts of terrorism, asbestos liability, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, nuclear energy liability, pyrotechnics activity, total pollution, violation of the CAN-SPAM act, war liability and liability for occurrences prior to the effective date of coverage. All of the above are subject to the terms and conditions of the policy.

Note: Certain exclusions and limitations may be modified to meet individual state requirements.

The Optional Coverages

Hired and Non-Owned Automobile Liability Coverage

This liability coverage provides protection for rented, borrowed and other non-owned vehicles driven on organization business.

Increased Aggregates

This option increases the aggregate limit of liability insurance from \$1,000,000 to larger amounts.

Sexual Abuse and Molestation

Liability coverage is provided for claims arising out of alleged sexual abuse and/or molestation.

\$5,000.00 Medical Expense Benefit

This coverage will reimburse an injured spectator or guest for medical and/or funeral expenses incurred as a result of bodily injury or death, regardless of whether you are liable or not. This coverage does not apply to your participants.

Equipment Coverage

This Inland Marine insurance product provides coverage for your equipment and contents up to the specified limit. This option requires a separate application and further underwriting.

Excess Liability Coverage

This coverage provides additional liability limits increasing the per occurrence and aggregate limits. This option requires further underwriting.

Specialty Insurance Coverage For Fraternal Societies, Orders and Associations

Part I Proposed Policyholder *(Please print or type)*

a. Full Legal Name of Proposed Policyholder _____

b. Mailing Address _____

c. Contact Person _____

Phone Number _____ Email Address _____

d. Desired Effective Date of Coverage (12 Months of Coverage is Provided) _____

e. Please Confirm Your Status 501(c)(8)

f. Is the Mailing Address the Same as Your Location Address? Yes No

If No, List All Locations With Complete Addresses: _____

g. Has Your Past Liability Coverage Been Canceled in Any Way in the Last Three Years? Yes No

If Yes, Please Describe and Provide Loss History: _____

h. Do You Currently Have a Risk Management Plan? Yes No

PLEASE NOTE THE FOLLOWING EXCLUDED ACTIVITIES: High Ropes Courses, Zip Lines, Trampolines, Mechanical Bulls, Rock Climbing, Firearms/Riflery, White Water Rafting, Gymnastics, Jet Skis, Motorized Boats, ATVs, Water Skiing/Boarding, Fire Dancing, Bungee Jumping, Permanent Rock Climbing Walls, and Activities outside of the U.S. are not eligible for coverage.

Part II Premium Rates and Benefits (Premiums are Fully Earned)

Rates Include \$1,000,000.00 Limit Per Occurrence Liability Policy

Premium Calculation (Choose Your Plan Based on State of Mailing Address):

States	General Aggregate	Total Number of Members in the Busiest Month of the Year for all Locations Combined (REQUIRED TO BIND)	Rate Per Member	Premium (Subject to Minimum Premium)	Minimum Premium (Fully Earned)
CA, FL, NY	\$1,000,000.00	X	\$7.50		\$450.00
	\$2,000,000.00	X	\$7.88		\$469.00
	\$3,000,000.00	X	\$8.27		\$488.00
	\$4,000,000.00	X	\$8.68		\$509.00
	\$5,000,000.00	X	\$9.12		\$531.00
CT, MS, NV, RI, SC	\$1,000,000.00	X	\$7.20		\$435.00
	\$2,000,000.00	X	\$7.56		\$453.00
	\$3,000,000.00	X	\$7.94		\$472.00
	\$4,000,000.00	X	\$8.33		\$492.00
	\$5,000,000.00	X	\$8.75		\$513.00
All Other States	\$1,000,000.00	X	\$6.00		\$375.00
	\$2,000,000.00	X	\$6.30		\$390.00
	\$3,000,000.00	X	\$6.60		\$405.00
	\$4,000,000.00	X	\$6.90		\$420.00
	\$5,000,000.00	X	\$7.20		\$435.00

Part II Premium Subtotal = \$ _____

Part III Optional Coverages (Premiums are Fully Earned)

- Optional \$150,000.00 Hired and Non-Owned Automobile Liability Coverage is Available for an Additional \$225.00 = \$ _____
- Optional \$500,000.00 Hired and Non-Owned Automobile Liability Coverage is Available for an Additional \$500.00 = \$ _____
 * Note: \$1,000,000.00 Hired and Non-Owned Automobile Liability Coverage is Available, but Subject to Additional Underwriting. Please Contact Your Agent if Wishing to Apply for Coverage
- Optional \$100,000.00 Sexual Abuse and Molestation Liability Coverage is Available for and Additional \$1,000.00 = \$ _____
- Optional \$5,000.00 Medical Expense Benefit for an Additional \$10.00 = \$ _____
- Higher Per Occurrence Limits of Up to \$4,000,000.00 are Available, but Subject to Additional Underwriting. Please Contact Your Agent if Wishing to Apply for Coverage.
- Optional Liquor Liability of \$1,000,000.00 per Occurrence / \$2,000,000.00 Aggregate is available, but Subject to Additional Underwriting. Please Contact Your Agent if Wishing to Apply for Coverage.
- Equipment Coverage Up to \$750,000.00 is Available, but Subject to Additional Underwriting. Please Contact Your agent if Wishing to Apply for Coverage.

Part III Premium Subtotal = \$ _____

Part IV Additional Insureds

Standard Additional insureds are included at no additional cost. Please include a separate sheet if needed.

Full Legal Name, E-mail Address	Full Mailing Address (including City, State and Zip)	Relationship (see legend)	Endorsements
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, G - Governmental Agency, O - Other (include details)

Additional Insureds requiring Primary Non-Contributory Endorsements _____ x \$100.00 = \$ _____

Additional Insureds requiring Waiver of Subrogation Endorsements _____ x \$100.00 = \$ _____

Part V Payment

Choose one of the following options. Please initial your choice:

- Enclosed is my payment for the total premium. Check ACH (see below) Credit Card (see below)
- Enclosed is 20% of my total premium. **Agents: We will not invoice for the deposit. The deposit payment must be included on this form.**

The deposit and monthly premium finance payments, including a finance fee, will be drafted automatically from the payment information provided below. This option requires either ACH or Credit Card payment. ACH (see below) Credit Card (see below)

Account Billing Address _____ Street _____ City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

<input type="checkbox"/> Please bill my: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Name on Account _____ Bank Name _____ Bank City/State _____ Routing Number _____ Account Number _____ There is no convenience fee when you choose the ACH option.	<input type="checkbox"/> Please charge my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express Cardholder Name _____ Card # _____ Exp. Date (mm/yyyy) _____ Security Code _____ A Convenience Fee of 3% will be added to Credit Card Transactions. For all Financed Accounts, A Convenience Fee of 3% will be added to all Credit Card Transactions which includes the Down Payment and each Individual Credit Card Installment Payment.
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There is no convenience fee when you choose the ACH option or pay via check.

Part VI Acknowledgments and Signatures

- a. This Summary of Coverage and Exclusions is No Substitute for Reading the Entire Policy. To Receive an Entire Policy, Contact the Program Administrator.
- b. **Fraud Warning:** Any Person Who Knowingly and With Intent to Defraud Any Insurance Company of 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.
- c. **Applicants Acknowledgment:** I, The Applicant, Declare, to the Best of My Knowledge and Belief, That All Statements and Answers in This Application are True and Complete. I understand and Agree That (a) This Application Will Form Part of Any Policy Issued, (b) No Information Given to or Acquired By Any Representative of The Company Will Bind it, Unless it is in Writing on This Application, (c) No Waiver or Modification Will Bind The Company Unless it is in Writing and is Signed By an Executive Officer of The Company, and (d) Only Those Persons Eligible Under the Terms of an Issued Policy Will Be Insured.

_____	_____	_____
Date	Signed By Licensed Agent	Agent Phone Number
_____	_____	_____
Signed for the Proposed Policyholder	Licensed Agent Number	Agent Email Address
_____	_____	_____
Title	Agent Address	Agency Name

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United States Fire Insurance Company.

"A" rated by A.M. Best Company.

A member of the Crum & Forster group of companies.

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