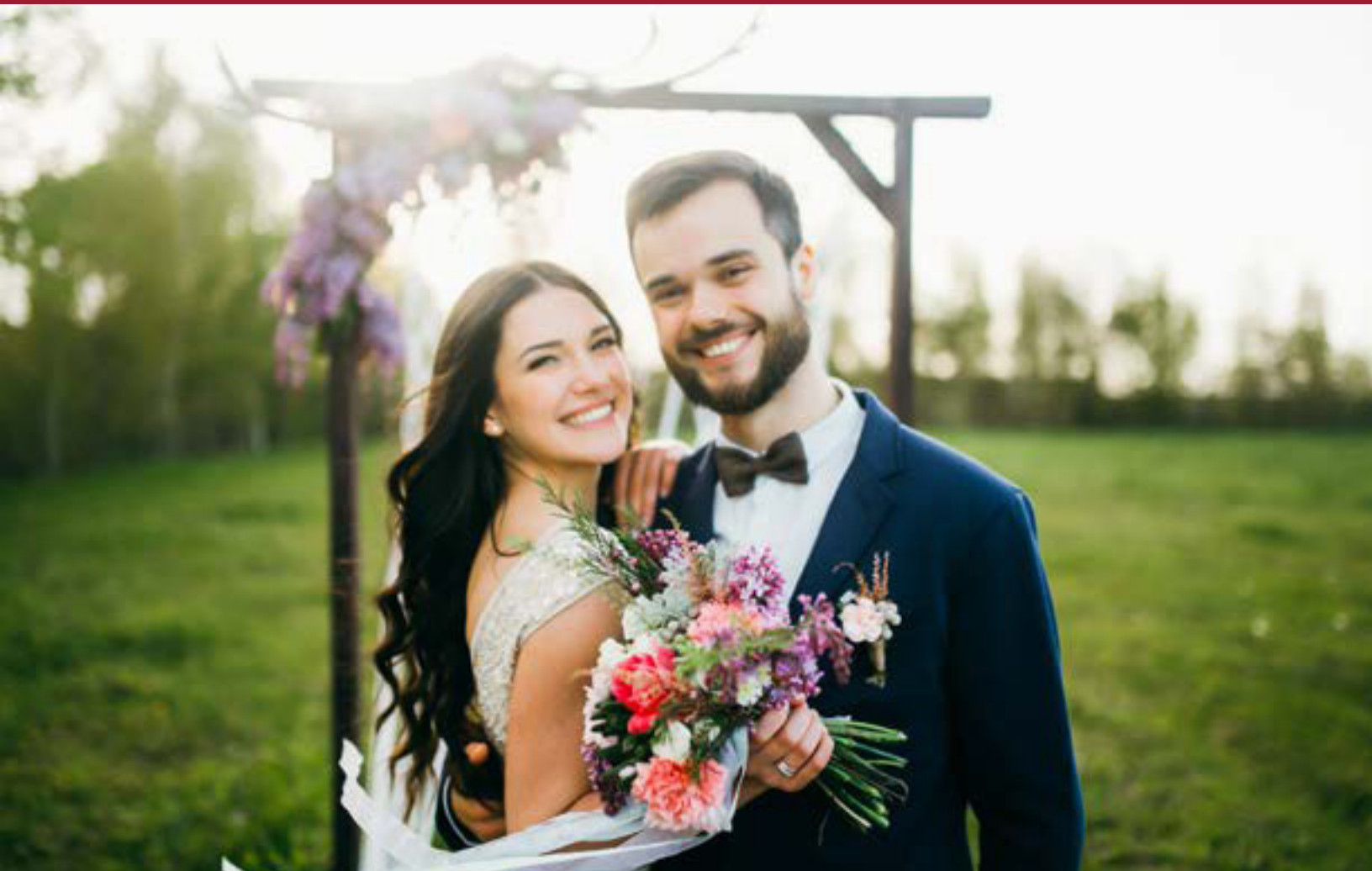


# Wedding and Wedding Reception

## Insurance Program



- **A Liability Insurance Program providing protection from lawsuits of bodily injury and/or property damage**
- **Host Liquor Included!**
- **Optional Cancellation Coverage**

Francis L. Dean & Associates, LLC



*The Leader in Sports, Leisure and Entertainment Insurance*

Your wedding should be the happiest day of your life. Months of planning every detail often mean the event goes off without a hitch. Unfortunately, accidents do happen. It may seem unnecessary now, but insuring your wedding can help guarantee that you and your guests are not burdened with financial and emotional losses.

Whether you are looking for one-day liability coverage or a three-day package, Francis L. Dean & Associates offers quality insurance with the lowest possible premium cost to you. Our specialized wedding insurance program allows you to cover everything from the rehearsal to the day after brunch or just your wedding day.

# Wedding and Wedding Reception Insurance Program

## The Liability Coverage

**\$1,000,000.00 Coverage**

*Protects you in the event of a lawsuit or property damage*

### Who Is Covered

This program provides protection for the Policyholder against claims of bodily injury liability, property damage liability, personal and advertising injury liability and the litigation costs to defend against such claims. Coverage is provided up to \$1,000,000.00 per occurrence. There is no deductible amount. Coverage is offered through the Sports and Recreation Providers Association Purchasing Group.

### Who Is Covered

- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Incidental medical malpractice
- All activities necessary to conduct wedding or wedding related events
- Ownership, use or maintenance of facilities
- General negligence claims
- Cost of investigation and defense of claims, even if groundless
- Corporal punishment
- Host liquor liability

### Exclusions

Claims made by athletic participants, abuse or molestation, aircraft, all acts of terrorism, asbestos liability, collapse of temporary structure, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, nuclear energy liability, professional liability, pyrotechnics activity, total pollution, 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.

## The Optional Coverages

### 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.

### Hired and Non-Owned Automobile Liability Coverage

This liability coverage provides protection for rented, borrowed and other non-owned vehicles driven on soccer league or team business.

### Excess Liability Coverage

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

### Increased Aggregates

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

### \$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.

### Cancellation Coverage

This coverage will provide reimbursement for the cost of the wedding if it is cancelled. Cancellation of the wedding may be due to inclement weather, travel delays or non-appearance due to accidental injury or illness of:

- Bride
- Groom
- Best Man
- Maid of Honor
- Other Family Members

Other events outside the control of the insured may also be covered.

# Wedding and Wedding Reception Insurance Program

Form fields not fillable? [Download Adobe Acrobat Reader](#)

## Premium Rates Chart Premiums are fully earned. Limit Per Occurrence: \$1,000,000.00.

Circle one or use our Automated Premium Rate Calculator on the next page.

State <small>based on your mailing address</small>	General Aggregate	Policy Term				
		1 Day Wedding Program Rate			3 Day Package Program Rate	
		< 500 in Attendance	500 - 1000 in Attendance	1001 - 2000 in Attendance	< 1000 in Attendance	1000 - 2000 in Attendance
California Florida New York	\$1,000,000.00	\$107.25	\$312.50	\$368.75	\$368.75	\$431.25
	\$2,000,000.00	\$112.50	\$328.13	\$387.19	\$387.19	\$452.81
	\$3,000,000.00	\$118.00	\$343.75	\$405.63	\$406.63	\$474.38
	\$4,000,000.00	\$124.00	\$359.38	\$424.06	\$424.06	\$459.94
	\$5,000,000.00	\$130.25	\$375.00	\$442.50	\$442.50	\$517.50
Mississippi Rhode Island	\$1,000,000.00	\$99.00	\$300.00	\$354.00	\$354.00	\$414.00
	\$2,000,000.00	\$123.75	\$315.00	\$371.70	\$371.70	\$434.70
	\$3,000,000.00	\$130.00	\$330.00	\$389.40	\$389.40	\$455.40
	\$4,000,000.00	\$136.50	\$345.00	\$407.10	\$407.10	\$476.10
	\$5,000,000.00	\$143.25	\$360.00	\$424.80	\$424.80	\$496.80
Arizona Nevada Texas	\$1,000,000.00	\$99.00	\$330.00	\$388.00	\$388.00	\$455.00
	\$2,000,000.00	\$123.75	\$346.50	\$407.40	\$407.40	\$477.75
	\$3,000,000.00	\$130.00	\$363.00	\$426.80	\$426.80	\$500.50
	\$4,000,000.00	\$136.50	\$379.50	\$446.20	\$446.20	\$523.25
	\$5,000,000.00	\$143.25	\$396.00	\$465.60	\$465.60	\$546.00
South Carolina Connecticut	\$1,000,000.00	\$99.00	\$315.00	\$372.00	\$372.00	\$435.00
	\$2,000,000.00	\$123.75	\$330.75	\$390.60	\$390.60	\$456.75
	\$3,000,000.00	\$130.00	\$346.50	\$409.20	\$409.20	\$478.50
	\$4,000,000.00	\$136.50	\$362.25	\$427.80	\$427.80	\$500.25
	\$5,000,000.00	\$143.25	\$378.00	\$446.40	\$446.40	\$522.00
Kentucky Georgia Delaware	\$1,000,000.00	\$82.50	\$250.00	\$295.00	\$295.00	\$345.00
	\$2,000,000.00	\$86.75	\$262.50	\$309.75	\$309.75	\$362.25
	\$3,000,000.00	\$91.00	\$275.00	\$324.50	\$324.50	\$379.50
	\$4,000,000.00	\$95.50	\$287.50	\$339.25	\$339.25	\$396.75
	\$5,000,000.00	\$100.25	\$300.00	\$354.00	\$354.00	\$414.00
New Jersey	\$1,000,000.00	\$82.50	\$289.00	\$341.00	\$341.00	\$399.30
	\$2,000,000.00	\$86.75	\$303.45	\$358.05	\$358.05	\$419.27
	\$3,000,000.00	\$91.00	\$317.90	\$375.10	\$375.10	\$439.23
	\$4,000,000.00	\$95.50	\$332.35	\$392.15	\$392.15	\$459.20
	\$5,000,000.00	\$100.25	\$346.80	\$409.20	\$409.20	\$479.16
All Other States	\$1,000,000.00	\$82.50	\$263.00	\$310.00	\$310.00	\$363.00
	\$2,000,000.00	\$86.75	\$276.15	\$325.50	\$325.50	\$381.15
	\$3,000,000.00	\$91.00	\$289.30	\$341.00	\$341.00	\$399.30
	\$4,000,000.00	\$95.50	\$302.45	\$356.50	\$356.50	\$417.45
	\$5,000,000.00	\$100.25	\$315.60	\$372.00	\$372.00	\$435.60

## Proposed Policyholder Information Please print or type

Form fields not fillable? [Download Adobe Acrobat Reader](#)

<b>Full Legal Name of Proposed Policyholder</b>		<b>Full Mailing Address</b>		
<b>Contact Name</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>		<b>Email Address</b>		
<b>Is this contact the person who would assist in the event of a claim?</b>		YES	NO	<i>This contact information will be used by insurance company personnel should there be a claim. It is the responsibility of the policyholder/insurance contact to retain all documentation, video or other evidence and respond immediately to any and all requests or inquiries from insurance company personnel.</i>

**Name of Facility**

**Address of Facility**

**Does the facility carry liability insurance?** YES NO

**Limits:**

**Date(s) & Time(s)**

**Estimated Attendance**

**Description of Event**

**Automated Premium Rate Calculator** *Premiums are fully earned. Limit Per Occurrence: \$1,000,000.00.*  
 Choose Attendance and General Aggregate to see your premium rate, or circle one on the Premium Rate Chart (previous page).

Attendance	General Aggregate	Your Premium Rate
------------	-------------------	-------------------

**Your Premium Rate** **Your Premium Rate =**  
 See Automated Premium Rate Calculator above or Premium Rate Chart on previous page.

**Optional Coverages** *Premiums are fully earned.*

**Hired and non-owned automobile liability coverage** =

\$150,000.00 for an additional \$225.00      \$500,000.00 for an additional \$500.00      No, thank you.

**Medical Expense Benefit** x .02 =

\$5,000.00 for an additional 2% of Your Premium Rate      No, thank you.

**The following optional coverages are also available but subject to additional underwriting:**  
 \$1,000,000.00 Hired and Non-Owned Automobile Liability Coverage, Equipment Coverage up to \$750,000.00, higher per occurrence limits of up to \$4,000,000.00, and cancellation coverage. *Please contact your agent.*

**Your Annual Premium Rate Subtotal =**

## Additional Insureds

Standard Additional Insureds are included at no additional cost. **Please Note:** family members, caterers, florists and other vendors for the wedding are not able to be added as additional insured.

Name, Address and Relationship of all additional insureds to be added to the policy:

Full Legal Name, Email Address	Full Mailing Address (including city, state, zip)	Relationship	Endorsements
		Ceremony Venue	Reception Venue
		Gov't Agency	
			PRIMARY
			WAIVER
		Ceremony Venue	Reception Venue
		Gov't Agency	
			PRIMARY
			WAIVER
		Ceremony Venue	Reception Venue
		Gov't Agency	
			PRIMARY
			WAIVER
			<b>Your Premium Rate Subtotal =</b>
Additional Insureds requiring Primary Non-Contributory Endorsements			x \$100.00 =
Additional Insureds requiring Waiver of Subrogation Endorsements			x \$100.00 =
			<b>Your Premium Rate Total =</b>

## 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 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.

c. **Applicant's 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.

FLD Broker Fee =  
**Total Amount Due**  
 Including FLD Broker Fee

## Payment

Enclosed is my payment for the Total Amount Due:

Credit Card      Check

.....  
 Signed for the Proposed Policyholder

.....  
 Signed by Licensed Agent

Date

Licensed Agent Name

Agency Name

Agency License Number

Agent Phone Number

Agency Mailing Address

Agent Email Address

Francis L. Dean & Associates, LLC



The Leader in Sports, Leisure and Entertainment Insurance

Francis L. Dean & Associates, LLC

Processing Center:

12800 University Drive, Suite 125  
 Fort Myers, FL 33907

FAX (630) 665-7294 • [www.fdean.com](http://www.fdean.com)

United States Fire Insurance Company. "A" rated by A.M. Best Company.  
 A member of the Crum & Forster group of companies.

FORM: WED REV 05-10-19