

Obstacle Course Race & Mud Run Insurance Application

PLEASE INCLUDE THE FOLLOWING ITEMS:

- Application
- Course Map Layout
- Obstacle Descriptions
- Resume of Prior Experience
- Loss History from Prior Company *(we can order)*
- Safety Program and Procedures
- Schedule of Events

NOTES:

Provide in detail the **OBSTACLES** used in your events using the classification guidelines below. Please disclose "Mystery Obstacles" Attach a separate **OBSTACLE** description page or use the form at the end of this application. Photos and diagrams are helpful.

CLASS I	CLASS II	CLASS III	CLASS IV
Easy obstacle. Simple maneuver requiring limited agility, skill and strength to clear	Intermediate Obstacle. Requires greater coordination, attention and strength to clear	Difficult Obstacle. Requires a high level of coordination, agility and strength to clear	Advanced Obstacle. Requires a high level of athletic ability, intense concentration and strength



SUBMISSION DATE:

Legal Name of Entity :			
Name of Event :			
Contact First & Last Name:			
Mailing Address:			
City:		State:	Zip
E-mail address:			
Web Site Address			
Phone #	Mobile# :	Fax:	

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

Start Date: End Date :

Description of Organization/Events :

Do you wish to have coverage for: Annual Activity or Single Event only.

Do you wish to cover the athletic participants at your events? YES NO

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

Select the **General Liability** Limit Desired: \$1,000,000 / \$1,000,000
 \$1,000,000 / \$2,000,000
 \$1,000,000 / \$3,000,000
 \$1,000,000 / \$5,000,000
 Other:

What are the estimated Gross Annual Revenues for your Organization ?

Participants Entry \$ Sales/Concessions \$

Please List the **EVENT DATES, LOCATIONS** and **# OF PARTICIPANTS** for ALL these events you wish to cover under this policy (*please attach a separate document if needed*):

What is the **DISTANCE** of your event: 5K 10K Other

DATE	LOCATION	# Youth	# Adult

What is the number of **ATHLETIC PARTICIPANTS** at each of your events? :

What is the average number of **SPECTATORS** at your events? :

What is the number of **EVENTS** you wish to insure under this policy? :

How many Staff/Volunteers will you have at each event? :



Have You Ever Had this Type of Event Before In the Past? YES NO
 Prior Insurance Company:
 Prior Policy #

Have you ever had a loss or a claim? YES NO
 If yes, please describe:

Is the Facility Indoors or Outdoors: If Outdoors, is it Fenced? YES NO
 Is this an existing facility with infrastructure? YES NO
(Park, Restroom Buildings, Concession buildings, parking etc)
 Is this raw land you are setting up at? YES NO
(Port-a-potties, Tents, dirt parking, private property)

Will Any Alcohol Be **Sold** by your organization for profit? YES NO
 If 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 of the following **Obstacles** at **ANY** of your events?

- Barbed Wire YES NO
- Fire or Flames YES NO
- Electric Charges YES NO
- Platform Jumps
- Into water YES NO
- Deep Water Swim YES NO
- Mechanical Devices YES NO

(If YES to any of the above, please provide Obstacle Diagrams and Details)

Are your Obstacles Pre-Fab and Assembled on Site: YES NO
 Are your Obstacles constructed only on site?: YES NO
 Who builds the Obstacles? :
 Describe Construction Qualifications:

Do you have a **SAFETY PROGRAM** in place? YES (please provide copy) NO
 Do you have a **WAIVERS** in place? YES (please provide copy) NO
 Describe your **MEDICAL TEAM** in place at your events:

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:



****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 hereby acknowledge that this application inclusive of OBSTACLES approved will become a part of the policy and OBSTACLES not disclosed may affect coverage.

(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

**Complete, Save & email to
csr@k2brokers.com
OR
Fax to 951 398 5170**



COURSE LAYOUT

Complete below or provide Course Layout Map

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



OBSTACLE DESCRIPTIONS

Complete the form below or attach a obstacle description list

Obstacle Descriptions for this event:

#	Name:	<input type="checkbox"/> CLASS I	<input type="checkbox"/> CLASS II	<input type="checkbox"/> CLASS III	<input type="checkbox"/> CLASS VI
How big is it?		Describe The Obstacle:			

#	Name:	<input type="checkbox"/> CLASS I	<input type="checkbox"/> CLASS II	<input type="checkbox"/> CLASS III	<input type="checkbox"/> CLASS VI
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#	Name:	<input type="checkbox"/> CLASS I	<input type="checkbox"/> CLASS II	<input type="checkbox"/> CLASS III	<input type="checkbox"/> CLASS VI
How big is it?		Describe The Obstacle:			

Attach additional sheets if necessary