

Wedding and Wedding Reception *Insurance Program*

**Host Liquor
INCLUDED!**



- **A Liability Insurance Program providing protection from lawsuits of bodily injury and/or property damage**

Francis L. Dean & Associates, Inc.

FDL

The Leader in Sports, Leisure and Entertainment Insurance

Wedding and Wedding Reception Insurance Program

A Liability Insurance Program Providing Protection from Lawsuits of Bodily Injury and/or Property Damage



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.

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.

Coverage Includes Suits Arising Out Of:

- 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.

Hired and Non-Owned Automobile Liability Coverage

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

Excess Liability Coverage

This coverage provides additional liability limits increasing the liability coverage per each occurrence.

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.



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Part I Proposed Policyholder *Please print or type*

a. **Full Legal Name of Proposed Policyholder** _____

b. **Mailing Address** _____
Street City State Zip

c. **Contact Person** _____
Phone Number _____ **E-mail Address** _____

d. **Date(s) & Time(s)** _____
Estimated Attendance _____
Name of Facility _____
Address of Facility _____
Street City State Zip

Does the facility carry liability insurance? Yes No **Limits** _____

Description Of Event _____

Part II Premium Rates And Benefits (premiums are fully earned)

Please circle rate that applies

		General Aggregate	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
		Limit Per Occurrence	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
1 Day Wedding Program Rate	< 1,000 in attendance		\$250.00	\$263.00	\$276.00	\$290.00	\$305.00
	1,001-2,000 in attendance		\$295.00	\$310.00	\$326.00	\$342.00	\$359.00
3 Day Package Program Rate	< 1,000 in attendance		\$295.00	\$310.00	\$326.00	\$342.00	\$359.00
	1,001-2,000 in attendance		\$345.00	\$362.00	\$380.00	\$399.00	\$419.00

Part II Total Premium = \$ _____

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 \$5,000.00 Medical Expense Benefit 2% of Part II Total Premium _____ x .02 = \$ _____

Equipment coverage up to \$750,000.00 is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Higher per occurrence limits of up to \$5,000,000.00 are available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Part III Total Premium = \$ _____

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Part IV Additional Insureds

Up to 3 additional insureds are included at no additional cost. Please include a separate sheet for more additional insureds if needed.

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, 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, O - Other (write down details)

Total Number of Additional Insureds (after initial three) _____ x \$10.00 = \$ _____

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

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

Part IV Total Premium = \$ _____

Total Policy Premium = \$ _____

Part V Payment

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

Enclosed is my check for the total premium.

Please charge my: Visa MasterCard Discover American Express

For Premiums less than \$1,000.00, a \$10.00 convenience fee will be added.

For Premiums \$1,000.00 and higher, a convenience fee equal to 2.5% of the premium will be added.

Name on Card _____

Cardholder Billing Address _____

Card # _____ Exp. Date (mm/yyyy) _____

Security Code _____

Part VI Acknowledgements 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 Acknowledgement 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.

Signed for the Proposed Policyholder

Date

Signed by Licensed Agent

419-281-8060

Agent Phone Number
Buren Insurance Group, Inc
1101 Sugarbush Dr, Ashland, OH 44805
Agency Mailing Address

Agency Name and License Number

Agent E-mail Address



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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.