

Specialty Insurance Coverage

For Live Action Role Playing



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Live Action Role Playing (LARP) provides participants of all ages the opportunity to bring to life their most cherished fantasy characters in a creative social setting. Participation though, may 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, Gamemasters run the risk of personal exposure to lawsuits through a participant's injury claim and liability insurance requirements mandated by venue or land owner.



This Specialty Insurance Program for Live Action Role Playing organizations is designed to help eliminate the financial and emotional burden one can incur as a result of a lawsuit or participant injury claim. Accident and liability insurance coverage is offered as a standard product with optional coverages also available such as equipment, hired and non-owned automobiles, directors and officers coverage and additional higher liability insurance limits.

The Accident Coverage

\$10,000.00 Benefit

(Pays the medical bills of an injured participant or staff member)

Medical Expense Benefit

If the Covered Person incurs eligible expenses as the direct result of a covered injury and independent of all other causes, the Company will pay the charges incurred for such expense within 365 days, beginning on the date of accident. There is no deductible amount.

The first such expense must be incurred within 90 days after the date of the accident.

"Eligible expense" means charges for the following necessary treatment and service, not to exceed the usual and customary charges in the area where provided.

- Medical and surgical care by a physician
- Radiology (X-rays)
- Prescription drugs and medicines
- Dental treatment of sound natural teeth
- Hospital care and service in semi-private accommodations, or as an outpatient
- Ambulance service from the scene of the accident to the nearest hospital

- Orthopedic appliances necessary to promote healing

Excess coverage: This plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the Covered Person.

Accidental Death and Dismemberment Benefit

Benefit amount is \$10,000.00. If a covered injury results in any of the losses specified below within 365 days after the date of the accident, the Company will pay the applicable amount:

- Full Principal Sum for loss of life
- Full Principal Sum for double dismemberment
- Full Principal Sum for loss of sight of both eyes
- 50% of the Principal Sum for loss of one hand, one foot, or sight of one eye
- 25% of the Principal Sum for loss of index finger and thumb of same hand

"Member" means hand, foot, or eye. Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight.

We will not pay more than the Principal Sum for this Benefit for all losses due to the same accident.

Exclusions and Limitations

This plan does not cover any loss to or resulting from:

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared.
- Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
- Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
- Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.

- Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
- Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
- Treatment of a hernia, Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
- Eyeglasses, contact lenses, hearing aids.
- Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

The Liability Coverage

\$1,000,000.00 Coverage

(Protects 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 live action role players, owners, directors, instructors, and employees 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 participants
- 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 game areas, fields or forests

Includes coverage for all on and off site games.

Additional insureds such as landlords or game facilities 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.



Premium Rates

The combined Accident and Liability premium rate begins at:

\$4.99 Per Youth Participant
\$6.76 Per Adult Participant
Each rate is per year.

(Staff members are included for no extra charge.)

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

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 live action role playing 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.

Sexual Abuse and Molestation

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

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Plan Highlights

- Occurrence Form Policy
- Flexible Premium Rating
- Optional Additional Coverages
- A Rated Insurer

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

Policy terms and conditions are subject to individual state requirements.

Additional applications may be required to be completed.

To view all terms and conditions please view sample policy forms.



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Stockton, CA 95202
Tel: 888-389-3900 | Fax: 209-888-4904 | worldeventsspecialty.com

Specialty Insurance Coverage for Live Action Role Playing Accident & Liability Insurance Enrollment Form

Please print or type.

1. Name of Group _____

2. Address _____
Street City State Zip

Email _____

3. Name of Organizer(s) _____

4. Desired Effective Date of Coverage (12 months of coverage is provided) _____

5. Are you a: Corporation Municipality Partnership Health Club Park District Individual LLC Other

6. What styles or genres are played? Please be specific. _____

7. Has your past liability coverage been cancelled in any way in the last three years? If so, please be specific.

8. Premium Calculation (Choose Your Plan):

- | | | | | |
|--------------------------|--------|--|---|------------------------------------|
| <input type="checkbox"/> | Plan 1 | \$1,000,000.00 Per Occurrence / \$1,000,000.00 General Aggregate | | |
| | | Total number of youth participants _____ x \$4.99 | = | \$ _____ |
| | | Total number of adult participants _____ x \$6.76 | = | \$ _____ |
| | | | | <i>Minimum Premium is \$450.00</i> |
| | | | | |
| <input type="checkbox"/> | Plan 2 | \$1,000,000.00 Per Occurrence / \$2,000,000.00 General Aggregate | | |
| | | Total number of youth participants _____ x \$5.20 | = | \$ _____ |
| | | Total number of adult participants _____ x \$7.00 | = | \$ _____ |
| | | | | <i>Minimum Premium is \$465.00</i> |
| | | | | |
| <input type="checkbox"/> | Plan 3 | \$1,000,000.00 Per Occurrence / \$3,000,000.00 General Aggregate | | |
| | | Total number of youth participants _____ x \$5.39 | = | \$ _____ |
| | | Total number of adult participants _____ x \$7.29 | = | \$ _____ |
| | | | | <i>Minimum Premium is \$480.00</i> |
| | | | | |
| <input type="checkbox"/> | Plan 4 | \$1,000,000.00 Per Occurrence / \$4,000,000.00 General Aggregate | | |
| | | Total number of youth participants _____ x \$5.59 | = | \$ _____ |
| | | Total number of adult participants _____ x \$7.55 | = | \$ _____ |
| | | | | <i>Minimum Premium is \$495.00</i> |
| | | | | |
| <input type="checkbox"/> | Plan 5 | \$1,000,000.00 Per Occurrence / \$5,000,000.00 General Aggregate | | |
| | | Total number of youth participants _____ x \$5.79 | = | \$ _____ |
| | | Total number of adult participants _____ x \$7.81 | = | \$ _____ |
| | | | | <i>Minimum Premium is \$510.00</i> |

9. Optional Coverage:

- | | | | | |
|--------------------------|---|---|----------|--|
| <input type="checkbox"/> | Optional \$150,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$225.00. | | | |
| <input type="checkbox"/> | 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. | | | |
| | | | | |
| <input type="checkbox"/> | Optional \$100,000.00 Sexual Abuse and Molestation Liability Coverage is available for an additional \$1,000.00. | = | \$ _____ | |
| | • Note: \$1,000,000.00 Sexual Abuse and Molestation Liability Coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage. | | | |
| | | | | |
| <input type="checkbox"/> | 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. | = | \$ _____ | |
| | | | | |
| <input type="checkbox"/> | Equipment coverage up to \$750,000.00 is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage. | = | \$ _____ | |

Total Premium = \$ _____

See other side for payment information...

Specialty Insurance Coverage for Live Action Role Playing

Accident & Liability Insurance Enrollment Form

10. Waiver Requirement

Each Live Action Role Playing organization must install a Release and Waiver of Liability and Indemnity Agreement for all participants and staff members. Unintentional error on your part in securing Waiver and Release forms shall not void your coverage in the event of an occurrence to a participant or staff member. However, your failure to maintain an adequate system to regularly secure Waiver and Release forms shall void your coverage in the event of an occurrence to a participant or staff member. A full supply of Waiver and Release forms shall be shipped to your Live Action Role Playing organization upon request.

11. Do you currently have a risk management plan? Yes No

12. 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. The premium finance balance will be drafted automatically from the payment information provided below in equal monthly installments that include a finance fee. 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 _____ <i>There is no convenience fee when you choose the ACH option.</i>	<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 _____ <i>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. For financed premium, the convenience fee applies only once to the 20% down payment amount.</i>
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13. Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and may be subject to civil fines and criminal punishment. Minimum premiums are fully earned.

Signature of Organization Representative _____ Telephone Number _____

Agent Name & License Number _____ Agent Telephone Number _____

Agent Address _____

Agency Email _____

