INSURANCE MANAGEMENT ASSOCIATES, INC. P.O. BOX 6609

Annapolis, MD 21401-0609

snadeem@insurancemgt.com

Phone: (443) 837-3806 Fax: (410) 266-2774

Enclosed you will find **a non-admitted** Liquor Liability Special Event quote for Adventures for the Cure. The quote number is MSE012N0340 Version 2.

Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.

Section II- Covers the events, locations, dates and corresponding classifications with exposures.

Section III- Lists the required coverage forms, notices, endorsements and exclusions.

Section IV- Offers optional coverages that are available to the applicant but are not currently included in the quote.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided and notates missing information with a black arrow in the margin
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to buy coverage.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely, Sue Nadeem INSURANCE MANAGEMENT ASSOCIATES, INC.



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▲ Land Service@insurancemgt.com 410-266-888

MSE012N0340 Version 2	
Quote is valid until 1/4/2013	Please bind effective:
To: Adventures for the Cure	Confirm optional coverages: Do not include any optional coverages. Include the following optional coverages from Section IV (Taxes & Fees may apply to optional premium if purchased) Option 1 - Rain Date Coverage

From: Sue Nadeem

snadeem@insurancemgt.com

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

_							
	LIQUOR LIABILITY SPECIAL	EVENT POLICY	INFORMATION				
	Carrier:			Mount Vernon Fire	e Insurance C	ompany	
	Status:			Non-admitted			
	A.M. Best Rating:	A.M. Best Rating: A+			A++ (Superior) - IX		
	LIMITS OF LIABILITY OCCURRENCE/ AGGREGATE	LIQUOR PREMIUM	SURPLUS LINES COSTS	FEES	AMOUNT DUE		
	\$100,000/\$200,000	\$300.00	\$9.00	\$100.00	\$409.00		
	\$300,000/\$600,000	\$300.00	\$9.00	\$100.00	\$409.00		
	\$500,000/\$1,000,000	\$325.00	\$9.75	\$100.00	\$434.75		
	\$1,000,000/\$2,000,000	\$350.00	\$10.50	\$100.00	\$460.50		
	LIMITS INFORMATION						
	ADDITIONAL QUOTE INFOR	MATION					
	Refer to Covered Events section	for event dates cove	red				
	Policy Period is 11/18/2012 to 11/	/20/2012					
	ADDITIONAL COSTS						
	Broker Fee					\$0.00	
	Surplus Lines Filing Fee					\$100.00	
	Maryland Surplus Lines Tax	_				3.000%	

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Prior to binding, this account is subject to the following:

Special Events Requirements

• Binding order must be received prior to the start of the event or no coverage will be provided.

Please contact us with any questions regarding the terminology used or the coverages provided.

^{**}Read the quote carefully, it may not match the coverages requested**

Underwriting Notes:

- Premium is fully earned.
- Thank you for the opportunity to quote this risk.

II. COVERED EVENTS

Location #1 - 6105 Montgomery Road, Elkridge, MD 21075

Entity Type: (applicant is the sponsor of the event)

Event	Liquor Liability Class Code	Start Date	End Date
Sporting Event / Tournament - Bike Race	00403	11/18/2012	11/18/2012
Additional Insured - Managers or Lessors of Premises (1)	49950		

III. REQUIRED FORMS & ENDORSEMENTS

Liquor Liability Endorsements

2110	(09/10) Service Of Suit	L-656	(02/06) Extension Of Coverage - Committee Members
CG0033	(12/07) Liquor Liability Coverage Form	L-657	(01/11) Absolute Pollution Exclusion - Liability
IL0017	(11/98) Common Policy Conditions	LLQ100	(07/06) Amendatory Endorsement
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	LLQ101	(08/06) Expanded Definition Of Employee
L-206	(10/95) Premium Fully Earned Endorsement	LLQ368	(08/10) Separation Of Insureds Clarification Endorsement
L-224	(07/08) Punitive Or Exemplary Damages Exclusion	LQ-202	(05/10) Assault Or Battery Exclusion
L-381	(09/08) Warranty Endorsement - Equal Or Greater General Liability Limit	LQ-352	(09/08) Event Vendor - Other Insurance
L-559	(03/03) Additional Insured - Manager or Lessors of Premises	LQ-354	(10/09) Limitation of Coverage to Insured Premises
L-610	(11/04) Expanded Definition Of Bodily Injury	ME Jacket	(09/10) The Main Event Special Event Commercial Liability Policy Jacket

IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

	Coverage	Premium	Taxes & Fees	Total Amount
Option 1	Rain Date Coverage	\$50.00	\$1.50	\$51.50

Important Information

If this coverage is purchased, add L-562 Rain Date Coverage for Special Events

Please contact us with any questions regarding the terminology used or the coverages provided.

^{**}Read the quote carefully, it may not match the coverages requested**



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Special Events Application

MSE012N0340 Version 2

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General Information

Applicant's Name: Adventures for the C		: 15
Form Of Business: Individual Co Mailing Address:	rporation ☐ Partnership ☐ LLC ☑ Other: Spec	ial Event Sponsor
City: Phone Number: Web Address:	State:Zip Fax Number: E-mail Address:	:
Coverage Desired: General Lia	ability Liquor Liability	
· · ·	be added as Additional Insured on this policy:	□ Not Applicable □
Complete Name	Address	Interest
Brief Narrative of Event(s)		
Cycling Event		
or furnishing of alcoholic beverages?	ice, bartender/bartending service or an entity involved in or license for the event (excluding licenses that are restri	-

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Locations of Event(s) and Corresponding Classification(s) II. Location #1 **Address** City State Zip Elkridge MD 6105 Montgomery Road 21075 Years At Current Location: # of Attendees: # of Consumers: **Event Start Date End Date** Sporting Event / Tournament - Bike Race (applicant is 11/18/2012 11/18/2012 200 the sponsor of the event) **Event Eligibility** Event will not run past 2AM daily ✓ True False III. **Limit of Insurance** Please select a limit: Limits of Liability Occurrence/Aggregate \$100,000/\$200,000 **\$300,000/\$600,000** \$500,000/\$1,000,000 \$1,000,000/\$2,000,000 Additional Quote Information Eligibility Criteria Classification Sporting Event / Tournament - Bike Race (applicant is the sponsor of the event) - Liquor Liability If multiple liquor vendors, all participating liquor vendors are required to carry liquor liability insurance at equal or 🗸 True 🦳 False greater limits than our applicant

Fraud Statement: 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 thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

Classification

Additional Insured - Managers or Lessors of Premises - Liquor Liability

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

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Applicants Signature*:		litle:		Da	te:
Brokers Signature:	(Must be Owner, Officer or Partner)		(Required)	Date:	(Required)
If your state requires t	hat we have the name and address of your	(insure	d's) authorized Agent or Broker.	_	
Name of Authorized A	gent or Broker:				
Addroso:					

SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE. ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.

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Special Events Product

DEPENDING ON THE LAWS IN YOUR STATE, YOU MAY BE HELD LIABLE FOR THE ACTIONS OF INTOXICATED OR UNDERAGE PERSONS YOU SERVE AT YOUR SPECIAL EVENT.

- ▶ The negligent service to an intoxicated or underage person can produce substantial verdicts or settlements.
- Underage drinkers make up a significant portion of alcohol-related traffic crashes.
- You may also be held responsible for the actions of those selling/serving alcohol for you.
- Even if you are ultimately cleared of liability, it may cost thousands of dollars to defend a claim.

YOU ARE ALSO VULNERABLE TO SUITS ALLEGING "PROPERTY DAMAGE," "BODILY INJURY" OR "MEDICAL PAYMENTS" CAUSED BY THE NEGLIGENT OPERATIONS OR ACTIVITIES AT YOUR SPECIAL EVENT.

- If someone trips and falls at your affair, there is the potential you may be facing a significant lawsuit due to their injuries.
- Property damage to the venues is the most common type of claim we see on special events.
- One or several attendees could suffer from serious food poisoning and you may be responsible for their medical expenses.

There are many important coverage features you should have in your Special Event Policy. Why you should place coverage with us:

Coverage Features	Our Group	Competitors' Policy
Expense costs outside policy limits	\checkmark	?
Food and beverage product liability included	\checkmark	?
Coverage for damage to rented premises (broader than fire damage)	\checkmark	?
Separate policy limits for general liability and liquor liability	\checkmark	?
Convenience of one policy for <i>both</i> liquor liability and general liability available	\checkmark	?
Venue may be added as additional insured at no additional charge	\checkmark	?
Temporary workers and volunteers covered as an insured	\checkmark	?
No Deductible	\checkmark	?
Established liquor market for over twenty-five years	\checkmark	?
Specialized Claims Unit with expertise in liquor liability	\checkmark	?

WHY CHOOSE TO BE INSURED WITH UNITED STATES LIABILITY INSURANCE GROUP?

- ▶ One of only 20 A++ rated insurance groups in the United States by A.M. Best.
- ▶ A proud member of the Berkshire Hathaway Group, recently voted the #1 most admired Property & Casualty Company in the world (Fortune Magazine).

Insure your financial well-being with a stable company that will be there to pay your claim.