



CLAIMS MANAGEMENT MANUAL FOR

OUTSIDE EVENTS, LLC

Prepared by:

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CONFIDENTIAL INFORMATION

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ABOUT AMERICAN SPECIALTY

★ CORPORATE OVERVIEW ★

Over the past 20 years, American Specialty has become a recognized leader in insurance and risk services for the Sports and Entertainment industry. We are proud of the reputation we have earned for integrity, innovation, exceptional client service, and reliability.

In January 2005, American Specialty joined Brown & Brown Insurance, Inc., one of the nation's leading independent, publicly-held insurance intermediaries. As a member company of Brown & Brown, American Specialty is now, more than ever, strategically positioned to enhance our capabilities in serving the important needs of the dynamic Sports and Entertainment industry.

CLIENTS

We serve clients in professional sports, amateur sports, motorsports, and entertainment.

SERVICE PORTFOLIO

Our portfolio includes insurance, claims management, risk services, crisis management, and data analytics.

EXPERTISE

Our 60+ employees have the broad range of expertise and resources required to successfully manage Sports and Entertainment risk.

INSURERS

Our insurance programs are underwritten on behalf of the world's leading insurers who possess the highest quality financial integrity necessary to serve the specialized needs of the Sports and Entertainment industry.

COMMITMENT

We are available when our clients need us: 24-hours a day, seven days a week.

CORPORATE CULTURE

Our corporate culture is founded on the strong core values of integrity, excellence, commitment, and hard work.

HOW TO WORK WITH US

As a specialty insurance and risk services resource to the Sports and Entertainment industry, we work with clients directly and their chosen insurance representatives.

CORPORATE HEADQUARTERS

Our corporate campus, located in Roanoke, Indiana, provides a unique and inspiring business environment for employees and clients.



AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.

7609 W. Jefferson Blvd., Suite 100

Fort Wayne, IN 46804-4133

MAIN PHONE: (260) 969.5203 | MAIN FAX: (260) 969-4729

www.amerspec.com

IMPORTANT CLAIMS SERVICE INFORMATION

American Specialty is committed to providing professional, accessible, and responsive handling of all claims. We are dedicated to providing claim services which best administer the provisions of the insurance policy and protect the interests of both the insured and insurer within the terms of those policy provisions. Specialized, experienced, and proactive claims management is critical to controlling claims and claim costs. Effective claims management will contribute to the success of your business and your bottom line.

This **Claims Management Manual** is provided as a quick reference to outline services we will be providing. If you have any questions regarding this Manual or suggestions on how we may improve our services, please call us.

DEDICATED AMERICAN SPECIALTY CLAIMS CONTACTS:

While the resources of our entire claims department are committed to your service, the following American Specialty claims professional(s) are dedicated to the direct day-to-day management of your account:

Primary Contact: Jeff Jacobson (260) 755-7275

Any questions or concerns about claims service should be directed to:

Mark Thompson

Senior Vice President, Claims Management Services
Direct Phone: (260) 969-5350

24-Hour Service - We provide 24-hour service to our clients. After hours, on weekends, or holidays, our 24-hour service will allow you to immediately contact an authorized American Specialty claims representative. Simply dial the office phone number and follow the directions as provided by the automated attendant.

24-Hour Phone Number: (260) 969-5203 or (800) 566-7941

Fax Number: (260) 969-4729

CLAIMS DEPARTMENT ADDRESS:

American Specialty Insurance & Risk Services, Inc.
ATTN: Claims Department
7609 W. Jefferson Blvd., Suite 150
Fort Wayne, IN 46804-4133

STANDARD REPORTING PROCEDURES

What is an incident?

An “incident” is an event that has or may result in property damage or traumatically induced bodily injury. An incident includes those events that not only obviously will result in a claim, but that also have the potential to result in a claim.

What should be reported?

We strongly encourage our clients to complete a report of all incidents and send them to us.

What should be done with completed incident reports?

All incidents should be reported to American Specialty on the form provided. Incident reports should be mailed or faxed to American Specialty within 24 hours of the incident. In the event of a claims emergency, contact us immediately through our 24-hour service.

What will American Specialty do with the incident reports you submit?

American Specialty will review all incident reports and determine whether an active claim file needs to be established. If a claim file is not established, the report will be assigned “incident only” status and monitored for future development. American Specialty will not initiate claimant contact for any incident determined to be “incident only.”

All claim files will be handled in accordance with the claims handling procedures as agreed upon between you and American Specialty.

FIRST REPORT OF ACCIDENT

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.



AMERICAN SPECIALTY*

ATTN: CLAIMS DEPARTMENT

7609 W. Jefferson Blvd., Suite 150

Fort Wayne, IN 46804

PHONE: 800-566-7941 FAX: 260-673-1291

DATE OF INCIDENT _____ TIME OF INCIDENT _____ AM/PM

Team/Club/Organization: _____

Address: _____

Telephone Number: _____

INJURED PERSON: ☐ Athlete ☐ Official ☐ Coach☐ Spectator ☐ Employee ☐ Volunteer ☐ Other _____

DOES THE INJURED PERSON HAVE OTHER MEDICAL

INSURANCE? ☐ Yes ☐ No If so, please provide:

Name of Company: _____

Policy #: _____

DID THIS TAKE PLACE DURING:

☐ Practice ☐ Pre-Game ☐ During Game ☐ Post Game☐ While Traveling ☐ Other _____

INJURED PERSON INFORMATION

Last Name First Middle

Telephone Number ()

☐ Single ☐ Married

Address

Social Security Number _____

Employer Name _____

City State Zip

Address _____

Age D.O.B. ☐ Male ☐ Female

GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

Last Name First Middle

Telephone Number ()

Address City State Zip

INCIDENT LOCATION

- | | |
|---|--|
| <input type="checkbox"/> Competition area | <input type="checkbox"/> Concession area |
| <input type="checkbox"/> Parking lot | <input type="checkbox"/> Admission area |
| <input type="checkbox"/> Restrooms/locker rooms | <input type="checkbox"/> Off property |
| <input type="checkbox"/> Premises/grounds | <input type="checkbox"/> Store area |
| <input type="checkbox"/> Bleachers/stands | |

INCIDENT

- | | |
|--|--|
| <input type="checkbox"/> Assault/Sexual | <input type="checkbox"/> Slip, bodily reaction |
| <input type="checkbox"/> Assault/Non-Sexual | <input type="checkbox"/> Slip/Fall |
| <input type="checkbox"/> Fall (different level) | <input type="checkbox"/> Aquatic |
| <input type="checkbox"/> Fall (same level) | <input type="checkbox"/> Overexertion |
| <input type="checkbox"/> Caught in, on, between | |
| <input type="checkbox"/> Collision (with object) | |
| <input type="checkbox"/> Collision (participant/participant) | |
| <input type="checkbox"/> Collision (participant/spectator) | |
| <input type="checkbox"/> Collision (spectator/spectator) | |
| <input type="checkbox"/> Struck by falling/flying object | |
| <input type="checkbox"/> Animal/insect bite/sting | |

PRIMARY INJURY

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Electrical Shock | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Foreign Body | <input type="checkbox"/> Burn |
| <input type="checkbox"/> Laceration | <input type="checkbox"/> Fracture | <input type="checkbox"/> Death |
| <input type="checkbox"/> Drowning | <input type="checkbox"/> Heat Exhaustion | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Cardiac | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Cold Injury | <input type="checkbox"/> Contusion | |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Concussion | |
| <input type="checkbox"/> Strain/Sprain | <input type="checkbox"/> Tooth/Mouth | |
| <input type="checkbox"/> Sting/bite | | |

BODY PART INJURED

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Eye (L/R) | <input type="checkbox"/> Torso | <input type="checkbox"/> Arm (L/R) |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Back | <input type="checkbox"/> Tooth |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Face | <input type="checkbox"/> Head |
| <input type="checkbox"/> Ear (L/R) | <input type="checkbox"/> Leg (L/R) | |
| <input type="checkbox"/> Knee (L/R) | <input type="checkbox"/> Ankle (L/R) | |
| <input type="checkbox"/> Internal | <input type="checkbox"/> Hip (L/R) | |
| <input type="checkbox"/> Shoulder (L/R) | <input type="checkbox"/> Foot (L/R) | |
| <input type="checkbox"/> Elbow (L/R) | <input type="checkbox"/> Hand (L/R) | |
| <input type="checkbox"/> Wrist (L/R) | <input type="checkbox"/> Finger or Toe | |

DISPOSITION

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Released to parent | <input type="checkbox"/> Police |
| <input type="checkbox"/> Refusal of care | <input type="checkbox"/> Ambulance |
| <input type="checkbox"/> Refer to doctor | <input type="checkbox"/> Report only |
| <input type="checkbox"/> Refer to hospital or clinic | |
| <input type="checkbox"/> Medical attention | |
| <input type="checkbox"/> EMS transport | |
| <input type="checkbox"/> Patient requested EMS transport | |
| <input type="checkbox"/> Released to personal vehicle | |

CLASSIFICATION

- | |
|--|
| <input type="checkbox"/> Non-injury |
| <input type="checkbox"/> Minor injury or illness |
| <input type="checkbox"/> Serious injury or illness |

Describe how the incident occurred: (attach a separate sheet if necessary)

WITNESS INFORMATION

NAME

ADDRESS

TELEPHONE NUMBER

1.

()

2.

()

SIGNATURE OF COACH (with no relationship to claimant) _____

PHONE # _____

DATE _____

AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	COMPANY	NAIC CODE:		MISCELLANEOUS INFO (Site & location code)							
		POLICY NUMBER	POLICY TYPE		REFERENCE NUMBER			CAT #				
	FAX (A/C, No):											
E-MAIL ADDRESS:												
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME			<input type="checkbox"/>	AM	PREVIOUSLY REPORTED			
AGENCY CUSTOMER ID:							<input type="checkbox"/>	PM	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

INSURED

NAME AND ADDRESS	SOC SEC # OR FEIN:	NAME AND ADDRESS	WHEN TO CONTACT:	WHERE TO CONTACT
RESIDENCE PHONE (A/C, No):		RESIDENCE PHONE (A/C, No):		
BUSINESS PHONE (A/C, No, Ext):		BUSINESS PHONE (A/C, No, Ext):		
CELL PHONE (A/C, No):		CELL PHONE (A/C, No):		
E-MAIL ADDRESS:		E-MAIL ADDRESS:		

LOSS

LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED:	VIOLATIONS/CITATIONS
	REPORT #:	
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)		

POLICY INFORMATION

BODILY INJURY (Per Person)		BODILY INJURY (Per Accident)		PROPERTY DAMAGE		SINGLE LIMIT		MEDICAL PAYMENT		OTC DEDUCTIBLE		OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc.)	
LOSS PAYEE										COLLISION DED			
UMBRELLA/ EXCESS		UMBRELLA		EXCESS	CARRIER:			LIMITS:	AGGR		PER CLAIM/OCC		SIR/ DED

INSURED VEHICLE

VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE	
		MODEL:	V.I.N.:			
OWNER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No):		
				BUSINESS PHONE (A/C, No, Ext):		
DRIVER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No):		
				BUSINESS PHONE (A/C, No, Ext):		
<input type="checkbox"/> (Check if same as owner)						
RELATION TO INSURED (Employee, family, etc.)		DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE DAMAGE						
ESTIMATE AMOUNT		WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE		

PROPERTY DAMAGED		VEHICLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	YR:	MAKE:	MODEL:	PLATE #:
DESCRIBE PROPERTY (Other Than Vehicle)				OTHER VEH/PROP INS?		COMPANY OR AGENCY NAME:	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	POLICY #:		
OWNER'S NAME & ADDRESS						RESIDENCE PHONE (A/C, No):	
						BUSINESS PHONE (A/C, No, Ext):	
OTHER DRIVER'S NAME & ADDRESS <input type="checkbox"/> (Check if same as owner)						RESIDENCE PHONE (A/C, No):	
						BUSINESS PHONE (A/C, No, Ext):	
DESCRIBE DAMAGE							
ESTIMATE AMOUNT				WHERE CAN DAMAGE BE SEEN?			

INJURED							
NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

WITNESSES OR PASSENGERS							
NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)			
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
REPORTED BY				REPORTED TO			
SIGNATURE OF INSURED	DATE (MM/DD/YYYY)	SIGNATURE OF PRODUCER			DATE (MM/DD/YYYY)		

REMARKS (Include Adjuster Assigned)	

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia, Washington and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties. In DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

EMERGENCY REPORTING PROCEDURES

What is a claims emergency?

A claims emergency is any incident that results in the following:

- Fatality
- Dismemberment
- Quadriplegia/Paraplegia
- Serious Head Trauma
- Severe Burns
- Rape/Sexual Assault
- Multiple Fractures
- Incidents involving bodily injury to 10 or more persons
- Extensive Property Damage

It is imperative that all claims emergency incidents be reported immediately to American Specialty. After business hours, on weekends, or holidays, our 24-hour service will allow you to immediately contact an authorized American Specialty representative. Simply dial 260-672-8800 or 800-566-7941 and follow the directions as provided by the automated attendant.

What information should be available when reporting an emergency claims incident?

The person reporting the emergency incident should have as much of the following information available as possible:

1. Name and phone number of person reporting the incident
2. Name of injured person(s)
3. Age of injured person(s)
4. Address of injured person(s)
5. Phone number of injured person(s)
6. What is known about the type of injury suffered?
7. The status of the injured person
8. If applicable, where was the injured person transported
9. What is known about how the injury occurred?
10. Witness identification

After an emergency claims incident has been reported to American Specialty, an incident report will be completed and forwarded.

It is not necessary to immediately report non-emergency incidents.

CLAIMS INVESTIGATIONS AND ATTORNEY ASSIGNMENTS

How does American Specialty manage the development of information once a claim file is opened?

It may be necessary to conduct an additional investigation on a claim to obtain needed information that is not given on the Incident Report. When feasible, additional investigation will be conducted with the assistance of your own personnel. If it is not possible or practical for your personnel to assist in the needed additional investigation, independent adjusters will be utilized.

How are attorneys selected?

American Specialty has developed the American Specialty Defense Counsel Network, a network of defense attorneys across the country that have specific experience in the Sports and Entertainment industry. It is not our philosophy to approve entire law firms. Individual attorneys are specifically approved after they complete an extensive questionnaire. The questionnaire covers the experience and type of practice of both the individual attorney and the firm in general. They each agree to abide by the American Specialty Litigation Management Guidelines.

How will attorneys' fees and expenses be monitored?

Specific litigation management procedures have been established by American Specialty to monitor all attorney fees and report on the expenses associated with retaining counsel.

CLAIMS AND FINANCIAL REPORTS

If you have submitted incident reports or claims have been set up on your behalf, American Specialty can provide you with loss reports. These reports are designed to assist you in monitoring the effectiveness of your risk management efforts. You can set up a loss report schedule with your client services representative or claims primary contact.

They will typically include the following:

- A detailed listing of open and closed claims with the most recent financial activity.
- A detailed listing of incidents reported in the most recent 90-day period.
- A summary of claims by policy period.
- A summary of claims by facility and location. (Facility and location are client defined fields of information and should be set up with your client services representative).
- A summary analysis of the Self-Insured Retention and Annual SIR Aggregate.
- Draft reconciliation information based on claims payments made within your self-insured retention for the previous month. This report will indicate the balance of your claims trust account and an indication as to whether the account needs to be replenished.

Note: The loss reports can be sent to you electronically or in an easy to use format on disk or CD. Your client services representative can discuss all of the options with you. A sample of the loss report has been included for your review.