

## Amateur Sports Liability Insurance Application

Please complete the following application. Submission of this application does not guarantee coverage.

### SUBMISSION REQUIREMENTS – Please attach the following:

- ☐ Proof of Applicant's Participant Accident Policy, if requesting Participant Liability only
- ☐ Copy of Waiver of Liability Used
- ☐ Exposure Information Page (League or Camp/Clinic)
- ☐ Premium and Loss Experience for the past 3 years

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

FEIN \_\_\_\_\_

Form of Business

- ☐ Individual  
 ☐ Partnership  
 ☐ Corporation  
 ☐ Association  
 ☐ Non Profit  
 ☐ Other

Event Location \_\_\_\_\_

Contact Person \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Activity Start Date \_\_\_\_\_

Activity End Date \_\_\_\_\_

(Please Use additional sheet to list Activity Start & End Dates if more than one Activity is held)

Type of Organization

- ☐ League  
 ☐ Team  
 ☐ Association  
 ☐ All Star Games/Tournament  
☐ Day Camp/Clinic  
 \_\_\_\_\_ # of Days  
 ☐ Overnight Camp/Clinic  
 \_\_\_\_\_ # of Days  
☐ Other \_\_\_\_\_

Coverage Requested: ☐ Spectator General Liability ☐ Participant General Liability (accident insurance must be maintained)

Please describe the operations/  
activities to be insured: \_\_\_\_\_

What are the Limits of Liability Requested?

- ☐ \$1,000,000 Each Occurrence / \$1,000,000 General Aggregate  
☐ \$1,000,000 Each Occurrence / \$2,000,000 General Aggregate  
☐ \$2,000,000 Each Occurrence / \$2,000,000 General Aggregate  
☐ \$2,000,000 Each Occurrence / \$4,000,000 General Aggregate

Sport / Activity: \_\_\_\_\_

Number of playing days including games, practices and tournaments: \_\_\_\_\_

Number of Participants:

Ages 12 & Under \_\_\_\_\_

Ages 13 – 15 \_\_\_\_\_

Ages 16- 18 \_\_\_\_\_

Ages 19 & older \_\_\_\_\_

Coaches \_\_\_\_\_

Officials/Umpires \_\_\_\_\_

Volunteers \_\_\_\_\_

Number of Teams: \_\_\_\_\_

Maximum number of spectators at any individual event / location: \_\_\_\_\_

## UNDERWRITING INFORMATION

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Have you or any director, officer or employee been convicted of any crime within the past 10 years?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. If yes, explain _____   |                              |                             |
| 2. Do you belong to any national, state, or local sports Association?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the Association have membership eligibility requirements?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you or your staff certified by the association you belong to?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you or your staff trained / certified in CPR or First Aid?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you require participants and volunteers to sign waivers? Please note that a parent or legal guardian is required to sign for minors.             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you have a written incident report procedure in place?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you keep a log of all incidents?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are coaches, managers, trainers, officials, referees, statisticians or scorekeepers independent contractors that are paid a fee for their services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. If so, do you wish to add them as additional insureds on your policy?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do you have a written contract with the facilities you utilize? If yes, provide copy.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Does applicant operate a concession stand? If so, list types of food / beverages sold _____  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Will you be using any pyrotechnics, or use of mechanical devices that will be ridden?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## ITEMIZED RECEIPTS

Participant memberships: \$ \_\_\_\_\_

Food and Non-Alcoholic Beverages: \$ \_\_\_\_\_

Spectator Fees: \$ \_\_\_\_\_

Alcoholic Beverages: \$ \_\_\_\_\_

Other: (Please describe on separate page) \$ \_\_\_\_\_

## OPTIONAL COVERAGE - ABUSE & MOLESTATION

*Coverage for claims of Abuse / Molestation with limits of \$100,000 per Occurrence / \$100,000 Aggregate is available if risk meets underwriting requirements. Please complete the following questions if you would like a Quotation for Limited – Abuse or Molestation coverage.*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does your staff (paid & volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does your state permit you to do criminal background investigations?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. If yes, do you routinely request and receive such background investigations?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 3. Do you verify employment-related references?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you conduct a personal interview?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have written procedures for dealing with sexual abuse? If yes, please attach a copy.                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Has your organization ever had an incident that resulted in an allegation of sexual abuse?<br>If yes, please describe.    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Was a claim made against the organization?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Was the case settled?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Was the case taken to trial?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. How much money was paid as damages to victim?      \$ _____   |                              |                             |
| 8. Regarding coverage for abuse & molestation, does your current program:  |                              |                             |
| a. Exclude Coverage  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Limit Coverage  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Neither Exclude or Limit Coverage   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Please indicate age range of clients:      From: _____ To: _____  |                              |                             |

**Name, Address and Relationship of all Additional Insureds to be Added to the Policy:**


Has the organization had any G/L and/or Sexual Abuse and/or Molestation claims and/or incidents in the last 3 years?

☐ Yes      ☐ No

If yes, total amount incurred? \_\_\_\_\_

Provide Details / Loss Runs: \_\_\_\_\_

**POLICY HISTORY**

Current Insurance Carrier: \_\_\_\_\_

 Is there prior insurance coverage?      ☐ Yes      ☐ No

Has insurance coverage been denied, cancelled or non-renewed during the last 3 years?

☐ Yes      ☐ No

If Yes, please explain: If No, enter N/A : \_\_\_\_\_

Who will the A&amp;H Medical coverage be placed with? \_\_\_\_\_

What is the deductible amount on the A&amp;H Medical? \_\_\_\_\_

## ACCIDENT/HEALTH COVERAGE

1. Is there a current plan?.....☐ Yes ☐ No  
(If yes, please provide up to 3 years of premium loss and runs) (Also, please provide a copy of the existing plan)

Term	Earned Premium	Incurred Losses	Number of Losses

2. Can you please provide a group census? (If yes, please send with form).....☐ Yes ☐ No

3. Please provide name of current carrier:

4. Should requested coverage duplicate an existing plan?.....☐ Yes ☐ No

5. Number of group participants:

By Ages (Years): Under 12: 12-15: 16-18: Over 18:

6. Is the plan: ☐ Voluntary ☐ Mandatory

What additional benefits does the group get on a Voluntary Basis:

What additional benefits does the group get on a Mandatory Basis:

7. Premium Remittance: ☐ Monthly ☐ Quarterly ☐ Annual ☐ Audited

8. Please provide a description of the activity:

## BENEFITS SCHEDULE

Accidental Death & Dismemberment (\$):

Accidental Paralysis: Yes ☐ No ☐

Accidental Medical Expense Benefit Maximum (\$):

Deductible (\$): ☐ \$0 ☐ \$100 ☐ \$250 ☐ \$500 ☐ Other \_\_\_\_\_

Medical Expense Coverage: ☐ Primary ☐ Excess

Maximum Benefit Period: ☐ 52 Weeks ☐ 104 Weeks

Other Requested Benefits:

Aggregate Limit per Occurrence (\$):

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSES OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT, or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN ANY FACT MATERIAL THERETO COMMITS A FRADULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRADULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

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**Applicant's Signature**

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**Date**

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**Producer's Signature**

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**Producer's Name**

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**Date**

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**Producer's Telephone Number**

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**State Producer License No**

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**National Producer Number**