



## Amateur Sports Application

General Liability and Participant Accident for Teams/Leagues & Camps/Clinics

A. INSURED INFORMATION					
1. Insured Company Name (Applicant)					
2. Contact name					
3. Address					
a. Mailing Address (if different)					
4. City:		State:		Zip:	
5. Phone:		Fax:		Email:	

B. APPLICANT INFORMATION	
1. Type of Business (select one):	
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Organization <input type="checkbox"/> University <input type="checkbox"/> Other (describe) _____	
2. Is this operation for profit?	
Website _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Number of years in operation?	
4. Describe experience of owners/management:	
5. Type of Group (select one):	
<input type="checkbox"/> Association <input type="checkbox"/> Camp-Overnight <input type="checkbox"/> Clinics <input type="checkbox"/> Club <input type="checkbox"/> Not for profit <input type="checkbox"/> State Athletic Assoc. <input type="checkbox"/> Nat. Governing Body <input type="checkbox"/> League <input type="checkbox"/> Tournament <input type="checkbox"/> Higher Ed. Intramurals/ Academic Clubs <input type="checkbox"/> Team <input type="checkbox"/> Special Event <input type="checkbox"/> Other (describe) _____	
6. Facility* (select one):	
<input type="checkbox"/> Cheer/Dance/Gymnastics/Martial Arts <input type="checkbox"/> Batting Cage <input type="checkbox"/> Yoga <input type="checkbox"/> Health Club/Fitness <input type="checkbox"/> Other (describe) _____	
<p><b>*Indicates supplemental applications must be completed and emailed to underwriter (Facility Supplement and Property Accord)</b></p>	

7. Effective date:		Expiration date:	
8. Is there prior insurance coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Current Liability Carrier:		Current Premium:	
10. Current Accident Carrier:		Current Premium:	
11. Has insurance coverage been denied, cancelled, or non-renewed during the last 3 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			

**C. SPORTS COVERAGE**

Sport Played	1 <sup>st</sup> Practice Date (mm/dd/yy)	Sport End Date (mm/dd/yy)	# of Players 12 & Under	# of Players 13-15	# of Players 16-18	# of Players 19 & Over	Total # of Players

1. What is the total number of coaches, managers and volunteers?

**D. LOSS HISTORY**

**General Liability**

1. Any losses reported in the last 3 years? (If yes, complete below or attach loss runs)  Yes  No

Dates	Amount Paid	Description

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**Accident Medical**

2. Any losses reported in the last 3 years? (If yes, complete below or attach loss runs)  Yes  No

Dates	Amount Paid	Description

**E. CONCUSSION PROTOCOL**

1. Do you have a written concussion management policy that is in compliance with current state Legislation?  Yes  No

2. Do you distribute the written policy to coaches, parents, and players and require parents' written acknowledgement that they have received and reviewed?  Yes  No

3. Do you require coaches to undergo formal training for concussion recognition?  Yes  No

**If Yes, how often**

4. Does your policy require that any participant suspected of sustaining a head injury be removed from play immediately?  Yes  No

5. Does your policy require that any participant sustaining a head injury to be cleared by a licensed healthcare provider before player is allowed to return to play or practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you require the use of headgear and other protective equipment that is approved by a recognized authoritative certifying organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is applicant compliant with the Zachery Lystedt Law? (Washington State Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you utilize base line testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>F. RISK MANAGEMENT</b>	
1. Do you have a code of conduct, written regulations and/or bylaws	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Please indicate if you conduct any of the following practices for all players/participants: a. General Health Application or Health Examination b. Pre- activity evaluation completed by qualified staff c. Written accident report log/system d. Require certificate of insurance from vendors repairing equipment e. Equipment inspected annually by a professional servicing company.  <b>Company Name:</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. If applicable, will the standard safety gear for the sport be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Any modifications to safety equipment made by you or your behalf?  <b>If yes, please describe:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you require Waiver/Release forms for all participants? <b>(Please attach copy)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is a parent's signature required for minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. How long are Waivers/Releases maintained?	
8. Will Accident & Health coverage be placed for all participants?  <b>If yes, what insurance company will the coverage be placed with:</b> _____  <b>Deductible:</b> \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. For outdoor operations, is your staff trained in lightning safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you regularly inspect and correct all areas of responsibility or rope off areas of concern with signs to prevent use before play, including the field, benches, bleachers, and all spectator areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you report any premises concerns to the league, city, and/or field owner after inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>G. SEXUAL ABUSE</b>	
1. Have you ever had an incident which resulted in an allegation of sexual abuse?  <b>If yes, please describe:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you request and receive criminal background investigations on all employees, volunteers and independent contractors including game officials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is a written, signed employment application required for a perspective employees and volunteers?  If yes, does the written employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse related offences?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4. How do you verify employment and/or volunteer related references?  <input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> Do not Verify	
5. Do you conduct a personal interview with all prospective employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you maintain documentation of employment/volunteer application and background checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have an employee handbook? <b>(If yes, please attach a copy)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have and enforce written standards regarding Sexual Abuse/Molestation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do the written procedures establish and require adherence to the "Three Person Rule"? (Rule that prohibits one adult from being alone with one youth. A second adult must be present, or there must be two youths or more with an adult.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you discuss at your staff orientation: Child/Sexual Abuse including how to recognize signs, and what to do if anyone reports an incident or suspected incident?  Do you document reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you have a crisis management plan for dealing with staff personnel (including volunteers) victims, parents, authorities, and media if you have an accident or allegation of abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you have a plan of supervision that monitors staff (including volunteers) with child interaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>H. CAMP/CLINIC INFO</b> <input type="checkbox"/> Day Camp <input type="checkbox"/> Overnight Camp									
<b>Camp Grid</b>			<b>Age Groups</b>						
Sport Played	Start Date (mm/dd/yy)	End Date (mm/dd/yy)	12 & under	13-15	16-18	19 & over	Total # of Campers (A)	# of Days (B)	# of Camper Days (A x B)
1. Is this the director's first camp/clinic? <b>If yes, describe experience:</b> _____  <b>If no, number of years' experience:</b> _____									<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is your camp/clinic strictly instructional?									<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What is the total number of staff and volunteers? _____									
4. Are there other activities/operations that are run by camp/clinic staff?  If yes, please list: _____									<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>I. POLICY LIMITS</b>			
<b>General Liability</b>			
Limits		Limits	
Occurrence		General Aggregate	
Personal & Advertising Injury		Products-Completed Operations	
Damages to Premises Rented to You		Sexual Abuse and Molestation	
Non Owned and Hired Auto		Employee Benefits	
<b>Accident Medical</b>			
<b>Limit:</b>	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
<b>Deductible:</b>	<input type="checkbox"/> \$0	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500

**J. CLAIMS INFORMATION**

In regard to claims, are both of the below statements true?

1. After full inquiry, you are not aware of any circumstances, complaints, claims, loss, or penalties/fines levied against you in the last 5 years in relation to the risks this application refers to.
2. You are not aware of any circumstances or complaints against you in relation to data protection or security, or any actual security violations or security breaches either currently or in the past 5 years.

Yes  No

**Notice to Applicants:**

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 act, which is a crime and may subject such person to criminal and civil penalties.

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person, who knowingly (or willfully) \* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully) \* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 FL**

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.

**Applicable in KS**

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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 subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation) \*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person, who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**DECLARATION**

To the best of my knowledge and belief the information provided in this Application, whether in my own hand or not, is true and I have not withheld any material facts.

I understand that non-disclosures or misrepresentation of a material fact will entitle the Company to void the Insurance.

I understand that signing this Application does not bind me to complete the Insurance but agree that should an Insurance policy be issued, this Application and the statements made therein shall form the basis of the Insurance policy.

Print Name of Applicant	Title
Signature of Applicant	Date
Signature of Broker	Date

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