



Sports Team/League/Association/Facility Application

Name of the Applicant _____

Email _____ Phone _____

Contact Name _____ Title _____ Business Start Year _____

Form of Business ___LLC ___Individual ___Partnership ___Joint Venture ___Trust ___Other

Type of Risk ___Association ___Facility ___League ___Team ___Other(explain): _____

Description of operations: _____

Physical Address _____

City _____ State _____ Zip Code _____

Is your Mailing address same as your Physical Address? Yes No

Mailing Address _____

City _____ State _____ Zip Code _____

Additional Location(s): _____

City _____ State _____ Zip Code _____

Requested Effective Date of Coverage: ____ / ____ / _____

- 1. Is applicant a Sport, Facility or a Camp/Event? Sport Facility Camp/Event
2. Does the applicant/organization require Waivers/Release forms from all participants or parent/legal guardian? Yes No
3. Does the Applicant/Organization have a Code of Conduct? Yes No
4. Has applicant ever filed for bankruptcy? Yes No
5. Is there prior insurance coverage? Yes No

If yes, who is your current insurance provider/carrier? _____

- 6. Has applicant ever been non-renewed? Yes No
7. Has applicant had a liability or accident claim in the last 5 years over \$25,000? Yes No

Claim(s) details: _____

Annual Revenue \$ _____



Participant Exposure Information (Required)

Please provide the estimated annual number of participants for each sport/activity and age group for which you would like to provide coverage. Coverage will only be quoted and provided for the sport/activity and age groups you specifically indicate below.

Sport/Activity	Number of participants				
	12 & Under	13-15	16-18	19+	Coaches

Camps/Clinics/Special Events:

N/A

Sport/Activity	Number of Camp/Clinic Days	Number of participants			
		12 & Under	13-15	16-18	19+

- Are any camps/clinics overnight? Yes No If yes, how many nights? _____
- Do you offer special events? Yes No If yes, how many? _____

Details of special event(s): _____

General Liability Coverages:

- Each Occurrence Limit: \$1,000,000 \$2,000,000 \$3,000,000
 \$4,000,000 \$5,000,000 \$6,000,000*
- Products and Completed Operations Limit: \$1,000,000 \$2,000,000 \$3,000,000*
- General Aggregate Limit: \$3,000,000 \$4,000,000 \$5,000,000
- Damage to Premises Rented Limit: \$300,000 \$500,000 \$1,000,000
- Personal Advertising Injury Limit - \$1,000,000
- Add Medical Payments Limit? \$5,000 \$10,000 \$15,000* \$25,000*



- 7. Add Sexual Abuse Liability Limit? \$25,000/\$100,000 \$50,000/\$100,000
 \$100,000/\$300,000 \$500,000/\$500,000
 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000
- 8. Add \$1,000,000 Hired or Non-Owned Auto? Yes No
- 9. Add Professional Liability Limit? \$1,000,000/\$1,000,000 \$1,000,000/\$3,000,000
 \$2,000,000/\$3,000,000 \$3,000,000/\$3,000,000
- 10. Add \$1,000,000 Employee Benefits? Yes No Number of Employees _____
- 11. Add \$1,000,000/\$1,000,000 Liquor Liability? Yes No Receipts \$ _____
- 12. Add Location Aggregate Limit? Yes No
- 13. *Add \$1,000,000/\$2,000,000 Errors & Omissions Limit Yes No
- 14. *Add Crisis Response or Protection Limit? \$25,000 \$50,000
 \$100,000 \$250,000
- 15. *Add \$1,000,000/\$2,000,000 Stop Gap? Yes No
**not available on all classes*

General Underwriting Questions:

- 1. If applicable, will the standard safety gear for the sport be required? Yes No
- 2. Are any of the applicant's players compensated/paid to participate? Yes No
- 3. Is the applicant's organization sanctioned by a school? Yes No
- 4. Do any activities take place on a residential property? Yes No
- 5. Does the organization clearly define who Adult Participants are? Yes No
- 6. Applicant has policies in place for cardiac arrest and heat stroke? Yes No
- 7. Do any activities take place at a pool that the applicant owns, operates, leases or manages? Yes No
- 8. Does applicant own, operate or manage a facility? Yes No
 If yes, do you offer unstaffed access or open 24 hours? Yes No
 Maintain camera recordings of premises, both inside and outside? Yes No
 Offer child watch or day care services? Yes No
 Offer orientation for members? Yes No
 Risk management policies distributed to staff & readily accessible for members? Yes No
 Education/training in place for staff members to maintain appropriate certifications? Yes No
 Daily cleaning of the facility & equipment to reduce the spread of communicable disease? Yes No
 Equipment maintenance policy in place that includes scheduled inspections with maintenance logs? Yes No
 Is equipment installed by either a manufacturer or a third-party vendor? Yes No
 Is there a signage policy for locker rooms, saunas & other high-risk areas? Yes No
 Do you have video coverage of both interior and exterior of the premises? Yes No
 If yes, are recordings saved for at least 90 days? Yes No



- 9. Do you inspect or provide guidance around inspection of the following? Yes No
 * Bleachers * Goal safety * Field Maintenance including clean-up of equipment and debris
- 10. Applicant has and enforces written standards regarding Sexual Abuse and Molestation prevention and reporting? Yes No
- 11. Applicant has a formal policy for and runs background checks, which includes an appeals policy for disqualified participants? Yes No
- 12. Has the applicant ever had an incident which resulted in allegation of sexual abuse? Yes No
- 13. Is there a formal training program in place for abuse and anti-bullying? Yes No
- 14. Does the applicant have policies and procedures that limit one-on-one interactions (both in person and social media/text/email communications) between adult participants (coaches/trainers) and athletes/participants (particularly those that are minors)? Yes No
 If yes, is it implemented? Yes No
- 15. Do you transport participants to or from games, camps, clinics or events? Yes No
 If yes, please explain _____
- 16. Does Applicant provide online training/coaching/instruction? Yes No
- 17. Applicant distributes a written concussion awareness policy (i.e., CDC's HEADS UP) to coaches, parents, and players? Yes No
- 18. If a possible concussion has occurred. Applicant immediately removes the athlete from play or practice? Yes No
- 19. Applicant's concussion policy requires a medical doctor's release prior to the child returning to play after a suspected concussion? Yes No
- 20. Is applicant a Non-Profit? Yes No
- 21. Do you work with professional athletes? Yes No If yes, how many? _____
- 22. Do you offer cryotherapy? Yes No
- 23. Do you offer soft play? Yes No

Accident and Health Coverages: (required with youth participants)

- Deductible: \$100 \$250 \$500 \$1,000
- Accident Medical Expense \$25,000 \$50,000 \$100,000
- Coverage Type: Excess Primary
- Coinsurance 100%
- Inpatient ICU, CCU Limit UNLIMITED
- Inpatient Private Semi Private Room Limit UNLIMITED
- Ambulatory Medical or Surgical Center Limit UNLIMITED
- Office Visits Limit UNLIMITED
- Accidental Death and Dismemberment Primary Limit \$10,000 Other: \$ _____
- Include Dental Services? Yes No



Additional Exposures (if applicable):

N/A

Retail Store Total Receipts \$ _____ Number of Birthday Parties _____
 Number of Swimming Pools _____ Are lifeguards present? Yes No
 Number of diving boards _____ Number of slides _____ Is slide enclosed? Yes No
 Number of saunas _____ Number of Jacuzzis _____
 Number of Batting Cages _____ Number of Inflatables _____
 Number of zip lines under 6 ft. _____ Number of zip lines over 6 ft. _____
 Number of trapezes under 6 ft. _____ Number of trapezes over 6 ft. _____
 Number of traverse/climbing wall Up to 10 ft. _____ 10 and 20 ft. _____ Over 20 ft. _____
 Number of climbing ropes under 6 ft. _____ Number of climbing ropes over 6 ft. _____
 Number of aerial silks under 6 ft. _____ Number of aerial silks over 6 ft. _____
 Number of Tanning Units _____ Limit: \$100,000/\$100,000
 Number of Booster Clubs _____

Additional Insured (by written contract):

Requires Primary Non-Contributory endorsement

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Additional Insured (by written contract):

Requires Primary Non-Contributory endorsement

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Insured Signature: _____ Date: _____

Application needed for additional coverages? Property Excess Liability