

SPORTS GENERAL LIABILITY APPLICATION

Application Instructions

- A. Please type or complete the application in ink.
- B. If additional space is needed, please use your firm's letterhead.

Instant Indication

A. Applicant Information

1. Applicant Company Name: _____

DBA: _____

2. Address 1: _____

Address 2: _____

3. City: _____ State: _____ Zip Code: _____

**All Risk does not write Applicants domiciled in Delaware*

4. Contact Name: _____ Phone: _____

5. FEIN Number: _____

6. Type of Business (circle one):

Individual Corporation Partnership LLC Joint Venture Organization Other

If Other, please describe: _____

7. Effective Date: _____

8. Expiration Date: _____

9. Website: _____

10. Who is filing the surplus lines taxes? _____

11. Type of Group (circle one):

Association Club Camp-Day Camp-Overnight League

National Governing Body Not-For-Profit Special Event Team Tournament

Other

B. Sports Coverage

1. Was the organization formed more than 3 years ago? YES/NO

2.	Age Group*:	Sport Played:	First Practice Date: (mm/dd/yyyy)	Sport End Date:	Total Managers Coaches, Volunteers:	Total Players:
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*6 And Under, 7 – 9 years, 10 – 12 years, 13 – 15 years, 16 – 18 years, 19+ years

3. Do you have trampolines Over 46"? YES/NO/N/A
4. Will activities include any of the following: Hang Gliding, Parasailing, Parachuting, Tobogganing, Luge, Skateboarding, Bungee Jumping, Hot Air Balloons, Mechanical Bulls, Rodeo, Saddle Animals, Velcro Jumps, Paintball, Race Track Risks, Boating or Motorsports? YES/NO
5. If applicable, will the standard safety gear for the sport be used? YES/NO/N/A
6. Does the organization require Waiver/Release forms from all participants or guardians, if appropriate? YES/NO/N/A
7. If not, will your institute a program for Waiver/Release forms? YES/NO/N/A
8. Will accident and health coverage be in place for all participants? YES/NO
9. Are Cheerleading pyramids ever more than 2 persons high or are spring boards or trampolines ever used? YES/NO/N/A
10. Does the organization use or sell any type of Martial Arts related weapon? YES/NO
11. Does the organization have and enforce written standards regarding Sexual Abuse and Molestation? YES/NO
12. Does the policyholder want day camp coverage? YES/NO

C. Camp Info

1. Was the organization formed more than 3 years ago? YES/NO

2.	Age Group*:	Sport Played:	Camp Start Date:	Camp End Date:	Total Staff and Volunteers:	Total Campers:	# of Days:	# of Events:
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

*6 And Under, 7 – 9 years, 10 – 12 years, 13 – 15 years, 16 – 18 years, 19+ years

3. Is this the director's first camp? YES/NO

4. Is any sports equipment sold or rented? YES/NO

5. Are any nutritional supplements sold or distributed? YES/NO

D. Policy Limits

1. Combined Limit: _____

2. Deductible: _____

E. Coverages and Endorsements

1. Fire Damage: _____

2. SML Limits: _____

3. Add Additional Insured(s):

Name: _____

4. Add Additional Insured(s) - Managers or Lessors:

Name: _____

5. Add Additional Insured(s) Designated Person or Organization:

Name: _____

6. Add Additional Insured(s) State or Political Subdivision Permits:

Name: _____

Application

A. Operations

1. If the organization owns a venue, do they allow other organizations to use their facility?
YES/NO/N/A

2. Does the organization have a Code of Conduct, Written Regulations and/or By-Laws?
YES/NO

3. Is every league in this body required to provide liability insurance? YES/NO

4. How are league participants transported to events? _____

5. If buses are used, does the bus company provide a certificate of insurance?
YES/NO/N/A

6. Who is responsible for maintaining the field/facilities? _____

7. Are the fields/facilities inspected prior to play? YES/NO/N/A

8. Is alcohol permitted at any event sponsored by the Named Insured? YES/NO

9. Does the organization and/or venue require emergency personnel on site at each event? YES/NO

B. Claims History

1. 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, how much money was paid as damages to the victim? _____

C. SML Coverage

Answer the following questions if the organization has and enforces written standards regarding Sexual Abuse and Molestation:

1. Does the employment application for your paid staff and volunteers include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? YES/NO
2. Does your state permit you to do criminal background investigations on prospective employees and/or volunteers? YES/NO
3. If yes, do you routinely request and receive such background investigations? YES/NO/N/A
4. How do you verify employment and/or volunteer related references?

In Person By Telephone Do Not Verify

5. Do you discuss child/sexual abuse including how to recognize the signs, and what to do if a staff personnel/child and/or volunteer reports someone molested him/her at your staff orientation? YES/NO
6. Do you document it? YES/NO/N/A
7. Do you have a plan of supervision that monitors staff including volunteers in day-to-day relationship with the children? YES/NO
8. Do you have a crisis management plan for dealing with staff personnel, including volunteers, victim, parents, authorities and media if you have an incident of abuse? YES/NO

D. Policy History

1. Current Insurance Carrier: _____
2. Is there prior insurance coverage? YES/NO
3. Has insurance coverage been denied, cancelled or non-renewed during the last 3 years? YES/NO
4. If Yes, please explain: If No, enter N/A : _____

IMPORTANT NOTICE

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

NOTICE TO ARKANSAS APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO COLORADO APPLICANTS: “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 AUTHORITIES.”

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: “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.”

NOTICE TO FLORIDA APPLICANTS: “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 IN THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.”

NOTICE TO LOUISIANA APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO MAINE APPLICANTS: “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 OR A DENIAL OF INSURANCE BENEFITS.”

NOTICE TO MINNESOTA APPLICANTS: “A PERSON WHO SUBMITS AN APPLICATION OR FILES CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK 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, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, 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 STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.”

NOTICE TO OKLAHOMA APPLICANTS: “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” (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA 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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO TENNESSEE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

NOTICE TO VIRGINIA APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant

Applicant's Printed Name: _____

Title: _____ Date: _____

Producer Name: _____

License #: _____