



AMATEUR SPORTS YOUTH AND ADULT APPLICATION

BROKER INFORMATION

Broker/Agency Name:				
Address:		City:	State:	Zip:
Contact Person:				
Contact Information:	Phone #		Fax #	
	E-Mail:		Website:	

GENERAL APPLICANT INFORMATION

Name of Insured:				
Location of Headquarters:		Street:	City:	State: Zip:
Contact Person:				
Contact Information:	Phone #		Fax #	
	E-Mail:		Website:	
Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC <input type="checkbox"/> Other:
Insured Status:	<input type="checkbox"/> For Profit	<input type="checkbox"/> Non For Profit	Federal ID #:	
Date of Incorporation or Charter:		State where Charter or Corporation is filed:		
Please provide Name of Officers:	President:		Executive Director:	
	Insurance Chairman:		Risk Manager:	
Please provide the most recent audited financial statement				

POLICY INFORMATION

Effective Date:		Expiration Date:		Quote Need By Date:	
Previous Insurance Carrier:			Have coverages ever been canceled or non-renewed during past 5 years <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:		
Policy Term:	Year:	Year:	Year:	Year:	
Limits:					
Annual Premium:					
*Total Incurred Losses:					

**Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000*

COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Type: Occurrence	Limit Amount	Aggregate	Other
General Liability				
Products, Completed Operations				
Personal & Advertising Injury				
Legal Liability				
Abuse & Molestation				
Liquor Liability				
Special Events				
Participant Legal Liability				
Other - Describe				

PARTICIPANT PERSONAL ACCIDENT COVERAGE (Please provide the following information for your association)

Carrier	Coverage Basis	Accident Limits	A D & D Limits	Catastrophic Limits
	<input type="checkbox"/> Primary <input type="checkbox"/> Excess			



UNDERWRITING INFORMATION

Please provide details of the management experience:	
Describe in detail the nature of the operations:	
Does the insured engage in any other operations under the policy name or additional insureds?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:
Are there any local, state or regional organizations involved in your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:
Is this insurance going to extend to these groups on a blanket basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:
Is participation in the insurance program?	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional If Optional, please explain:
Does the insured promulgate sports rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of the rules or link to an electronic copy
Does the insured have any international exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:
Are the insured's members subject to drug testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please advise the entity that conducts the tests:
Do you have a formal instruction program for officials and or coaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of the complete program
Is there a formal athlete injury control program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of the complete program
Are all participants required to provide waiver and release and/or assumption of risk forms?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please advise:	
Who signs the waivers?	
When are the waivers signed?	<input type="checkbox"/> At membership inception <input type="checkbox"/> Prior to each event <input type="checkbox"/> Other (please describe)
How long are the waivers retained?	
Where are the waivers stored?	
When contracts are entered into by any member team or club, how are they reviewed and approved?	
How does the association communicate with individual teams/clubs for important decisions, changes, etc.:	
What preparations are implemented for potential injuries to the athletes/participants during events or practice?	
How does the insured evaluate the safety and adequacy of the competition areas:	
For the Athletes/participants?	
For the spectators?	
Does the insured require and verify that all competition areas meet state and local codes: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:	



SANCTIONING INFORMATION

Describe the activities that are sanctioned by the insured:

Provide details on the sanctioning procedures:

Advise the requirements for participation in a sanctioned event as follows:

<input type="checkbox"/> 100% membership required in order to complete	<input type="checkbox"/> Trial Memberships Allowed to participate	<input type="checkbox"/> Competitions/Events are open to all including Non-Members
--	---	--

ADDITIONAL INSUREDS – Provide name, description and business relationship

Additional Insured/Vendor Name	Description of the operations	Relationship to Insured

ASSOCIATION EXPOSURE INFORMATION

Participants	Sanctioned Events	Officials/Umpires	Clubs/Teams	Minor Participants	Coaches	Volunteers
#	#	#	#	#	#	#

EVENT INFORMATION – Provide the following information for all Events that will exceed 5,000 in attendance

Event Name & brief description	Location	Date/s	Estimated Attendance



Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:

1. Company loss runs currently values for the past 5 years including current year	<input type="checkbox"/>
2. Most current audited financials	<input type="checkbox"/>
3. Copies of expiring policies including any manuscript forms	<input type="checkbox"/>
4. Detailed list of all insureds and their descriptions	<input type="checkbox"/>
5. Detailed list of all insured locations and their descriptions	<input type="checkbox"/>
6. List & description of any ancillary activities to be covered	<input type="checkbox"/>
7. Copies of all event brochures you participant in	<input type="checkbox"/>
8. Copy of all subcontractor agreements including certificates of insurance naming the Insured as an additional insured (liquor, pyrotechnics, security, product providers, etc.)	<input type="checkbox"/>
9. Copy of licensing agreement with any firm or manufacturer to provide products, souvenirs, apparel, etc	<input type="checkbox"/>
10. Copy of adult and minor waiver and release and/or assumption of risk forms	<input type="checkbox"/>
11. Copy of your formal officials and/or coaches instruction program	<input type="checkbox"/>
12. Copy of all rule books and association manuals	<input type="checkbox"/>
13. Copy of your formal athlete injury control program	<input type="checkbox"/>
14. Copy of your procedures for screening employees and volunteers	<input type="checkbox"/>
15. Copy of your abuse and molestation policy and procedures	<input type="checkbox"/>

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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

Applicant's Printed Name:

Title: _____ Date: _____

Producer Name: _____ License#: _____

THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.

STATE SPECIFIC FRAUD WARNINGS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation 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 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).

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 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 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.

APPLICABLE 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.

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 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 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 MASSACHUSETTS, NEBRASKA AND OREGON

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 fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

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

APPLICABLE IN NEW HAMPSHIRE

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.

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.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

APPLICABLE IN WASHINGTON

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.