



## PARTICIPANT ACCIDENT APPLICATION

### BROKER INFORMATION

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

### GENERAL APPLICANT INFORMATION

Business Name:				
Address:		City:		State: Zip:
Contact Person:	Phone #	Fax #	E-Mail:	Website:
Type of Group:				

### 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 checked="" 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*

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

Coverage Type	Limit Amount	Primary	Excess	Deductible
Accidental death and dismemberment		<input type="checkbox"/>	<input type="checkbox"/>	
Accidental medical expense		<input type="checkbox"/>	<input type="checkbox"/>	
Chiropractic		<input type="checkbox"/>	<input type="checkbox"/>	
Other		<input type="checkbox"/>	<input type="checkbox"/>	
Disability: \$                      per week for up to #                      weeks				
Incurral Period (length of time accident medical benefits will be paid)		<input type="checkbox"/> 12 Months	<input type="checkbox"/> 24 Months	<input type="checkbox"/> 36 Months

### UNDERWRITING INFORMATION

Participant Information	
Is Insurance for Participant Accident: <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary Please explain:	
Description of Covered Activities:	
Does coverage provide for: <input type="checkbox"/> Participation in Covered Activities only <input type="checkbox"/> Include Travel to & from Covered Activities	
Is there a Formal Injury Control program in place for the participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:
Please describe the Medical and First Aid Facilities and Professionals provided for the injured participants during events:	



**SPORT/MOTORSPORT EVENT SCHEDULE**

Event Name	Description	Location	Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

**PARTICIPANT INFORMATION (List the # of expected Competitors/Participants for each event by age group)**

Event Name	Age Group				
	12 and Under	13-18	19-21	21-26	26 and Over
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
<b>TOTAL #</b>					

**PREVIOUS MEMBERSHIP/PARTICIPANT INFORMATION**

List the Total # of Participants for each of the previous 3 Years.

Provide a projection for the upcoming policy term

Show the # of Volunteers, Coaches & Officials that are included in the Total

Policy Year	Total # of Participants/Membership Covered	Volunteers, Coaches & Officials included in Total #



### Required Information for a Quote

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

1. Copy of the Formal Injury Control Program	<input type="checkbox"/>
2. Copy of all Rule Books	<input type="checkbox"/>
3. Copy of all Expiring Policies	<input type="checkbox"/>
4. 5 Year Hard Copy Company Loss Runs – currently valued	<input type="checkbox"/>
5. Details of all Paid and Outstanding Losses	<input type="checkbox"/>
6. Any Plan Changes during the past 4 years	

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 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.