#  SPORT ORGANIZATION INSURANCE APPLICATION

**General Information (Please Print Or Type)**

1. Official Name of Organization:

 Head Office Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Number

 Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Affiliations: (a) Nationally \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_International\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Following please list those entities which you are CONTRACTUALLY OBLIGED to list as an Additional Insured.

 \*If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the

 premises leased or rented to you by the designated additional insured, with respect to your activity or operation.

**Underwriting Information**

4. Number of Participant Members

 Estimated Total Annual Receipts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Provide participant per age category of your sport.

 Participants Ages TO

 Participants Ages TO

 Is there any U.S. or foreign participants? \_\_Yes \_\_ No

 Number of Clubs/Teams

 Number of Coaches that are paid Number of volunteer coaches\_\_\_\_\_\_\_\_\_

 Number of Officials/Umpires

5. Describe the sports activity to be insured

6. Describe auxiliary activity to be covered

7. Any of the following events to be insured:

 Social events YES NO Fund raisers \_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_NO

 Describe

8. Are there any activities involving trampolines and/ or inflatable jumping pillows:

 \_\_\_\_ Yes \_\_\_\_\_NO if yes please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Explain sanctioning procedures: (Attach copies of sanction requirements and applications)

10. Describe medical, security, and evacuation procedures for championships, tournaments, etc.:

11. Is first aid available for practices and local contests: YES NO

 Describe:

 Describe safety precautions taken for the safety of spectators:

12. Is there a safety/injury control program in place YES NO

 Describe or attach a copy

13. Are waiver/release, or consent form signed by participants YES \_\_\_\_ NO (Please attached a copy)

14. Outline type of facility where your sport is played \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Do you rent /own any facilities, describe

 Location where sports activities take place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Do you have any potential to travel to the United States?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. **Desired Coverages** **Limits**

 General Liability

 Sports Accident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Directors & Officers (Required: Financials, Bylaws & List of Directors) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sports Travel (Excess hospital Medical)

 Property

 Other

18. Desired effective and expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Past Insurance Experience**

19. Do you presently carry insurance? YES NO

 If yes, with which Insurance Carrier?

 Has any Insurance Carrier cancelled or refused coverage?

 If yes, explain:

 **Loss History**

 Indicate limits carried, corresponding premiums paid and total losses for the past 3 years (Attach company loss history - verification if required)

 **Coverage Limit Carried Premium Losses**

 General Liability

 Participant Liability

 Excess Medical

 Accidental Death &

 Dismemberment

 Other

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES UNDERWRITING THIS APPLICATION.

Applicant Date