



Accident/Medical & General Liability Application

Please complete the following application.

As activities vary, some questions may not be applicable. Please indicate N/A where necessary.

GENERAL INFORMATION

1. Organization Name:

Legal Name:

Coverage Term _____ through _____

2. Facility Address:

(Street) (City, State, Zip)

Mailing Address (if different)

(Street) (City, State, Zip)

3. Contact Person: _____

4. Email address: _____

5. Telephone Number: () _____ Fax Number: () _____

6. Web site address: _____ Date of Formation: _____

7. Person responsible for general operation of activities:

8. Years of experience and type of experience: _____

INSURANCE INFORMATION

9. Current Policy Expiration Date: _____

Current Insurance Co: _____

Current Expiring Premium: _____

10. Has any insurer ever canceled or refused coverage? Yes No

If yes, please explain: _____

Sport (Number of participants)

| | Youth | Adults | | Youth | Adults |
|----------------------|-------|--------|------------------|-------|--------|
| Aerobics | _____ | _____ | Roller Hockey | _____ | _____ |
| Badminton | _____ | _____ | Rugby | _____ | _____ |
| Baseball | _____ | _____ | Soccer | _____ | _____ |
| Basketball | _____ | _____ | Softball | _____ | _____ |
| Boxing | _____ | _____ | Swimming | _____ | _____ |
| Cheerleading | _____ | _____ | T-Ball | _____ | _____ |
| Cross Country Skiing | _____ | _____ | Tackle Football | _____ | _____ |
| Field Hockey | _____ | _____ | Tennis | _____ | _____ |
| Flag Football | _____ | _____ | Track | _____ | _____ |
| Floor Hockey | _____ | _____ | Volleyball | _____ | _____ |
| Golf | _____ | _____ | Wrestling | _____ | _____ |
| Ice Hockey | _____ | _____ | Ultimate Frisbee | _____ | _____ |
| Lacrosse | _____ | _____ | Other: _____ | _____ | _____ |
| Martial Arts | _____ | _____ | Other: _____ | _____ | _____ |

DESCRIPTION OF ACTIVITIES (Ex: League play, instruction, open gym, etc.)

COVERAGES AND LIMITS

11. Commercial General Liability \$ _____
General Aggregate \$ _____
Participant Legal Liability \$ _____
Products & Completed Operations \$ _____
Personal and Advertising Injury \$ _____

12. Other coverage needs:

UNDERWRITING

13. Total Annual Gross Receipts: \$ _____ Admissions: \$ _____

Concessions: \$ _____ Retail: \$ _____ Fees: \$ _____

14. Do you own or rent your facility/playing field? Own Rent

15. Do you rent your facility/playing field to any other commercial operations (e.g. pro shop, sports organization, concessionaires, etc.)? Yes No

If yes, please explain:

16. Square footage of Facility/Playing Field: _____

17. Number of employees: Full-time _____ Part-time _____

18. Is the facility/playing field rented for uses other than league games (birthday parties, banquets, etc.)? Yes No

If yes, please provide a copy of the facility/playing field use (rental) agreement

19. Are there any amusement rides, air inflatable structures, rock climbing walls, etc. on premises or brought on premises temporarily? Yes No

If yes, please describe:

20. Please describe medical and first aid facilities provided for competitors.

21. Does your facility subcontract out any of the following operations?

Janitorial Concessions Security Facility/Field Maintenance

If yes, are certificates of insurance naming the facility as an additional insured obtained?

Yes No

22. Is there a system in place for obtaining certificates of insurance where applicable?

Yes No

If yes, who reviews the certificates on behalf of named insured? _____

What is the minimum limit of general liability coverage requested from each subcontractor?

\$ _____

23. Are childcare services provided? Yes No

If yes, do you do background checks on individuals providing child care services? Yes No

Please explain the services offered and the procedures in place to protect the children while in your care.

24. Do you have cooking surfaces on site? Yes No

If yes, are cooking surfaces properly protected from fire exposures? Yes No

If no, please explain:

25. Is named insured involved in the sale or distribution of any products? Yes No
If yes, please explain:

26. Are there any special events planned at your facility/playing field during the coverage term (e.g. festivals, large tournaments, etc.)? Yes No
If yes, please explain:

Estimated spectators for these events? _____

GENERAL QUESTIONS

- a. Yes No Are rules posted conspicuously and enforced at all times?
- b. Yes No Are participants required to wear safety equipment during play?
- c. Yes No Are participants required to sign a Waiver & Release of Liability? **(attach copy)**
- d. Yes No Are copies of the Waiver & Release of Liability kept on file? How long?
- e. Yes No Are the referees or coaches employees of your organization?
- f. Yes No Are parking lots well lit and patrolled?
- g. Yes No Are facility/playing field inspections and maintenance performed?
- h. Yes No Is a log kept of inspections and maintenance performed?
- i. Yes No Are written emergency procedures in place? **(attach copy)**
- j. Yes No Does the facility rent or repair sports equipment?
- k. Yes No Is the facility locked so that patrons cannot use it when closed?
(primary concern is outdoor activities)
- l. Yes No Are there construction operations on site? If yes, is the work subcontracted to a third party with additional insured certificates provided? Yes No

* Please also provide **(quote will not be released until all these materials are received and reviewed)**:

- **Loss Runs for the past 3 years (if applicable)**
- **Emergency Procedures**
- **Lease agreement if your facility/playing field is not owned**
- **Sample waiver and release of liability**

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

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.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted.

Signature of Applicant _____

Date _____

Signature of Licensed Agent _____

Agency Name and Address _____