



**FOR BASKETBALL, FIELD HOCKEY, FLAG OR TOUCH FOOTBALL, GOLF, KICKBALL, LACROSSE,
PICKLEBALL, RAQUETBALL, SOCCER, SOFTBALL, SWIMMING, TENNIS OR VLLEYBALL**

The Sports Teams & Leagues program provides General Liability and Accident Medical coverage for youth sports team and leagues. Coverage for adult amateur teams and leagues is also available for the sports of basketball, glad or touch football, softball and volleyball. Coverage is included for games, practices, tournament participation, tryouts, fundraisers and official team or league functions. Coverage if for filed ownership, maintenance of playing fields, open water swimming and hosted tournaments is not provided. Optional Non-Owned and hired Automobile coverage, Abuse and Molestation Coverage and Inland Marine coverage for sports equipment are also available.

POLICY INFORMATION

Policyholder Name: _____
Policyholder DBA: _____
Policyholder Mailing Address: _____
City: _____ State: _____ Zip: _____
Desired Policy Effective Date: _____
Contact Name: _____
Telephone: _____ Email: _____
Form of Organization: _____ Website (if applicable): _____

UNDERWRITING INFORMATION

Desired Effective Date? _____

Have you had more than \$5,000 of total claims in the last three years? ☐ Yes ☐ No

Do you have a system for securing waivers for all participants (adult or minor)? ☐ Yes ☐ No

Do you follow playing rules from an accredited organization? ☐ Yes ☐ No

Is there any form of player compensation or prize money awarded for participants? ☐ Yes ☐ No

Are you an individual team or a league applying for itself and its member teams? ☐ Team ☐ League

Do you sublease space? ☐ Yes ☐ No

Do you have cryotherapy? ***Please note that our program does NOT insure Cryotherapy.** ☐ Yes ☐ No

PLEASE NOTE: In order to purchase coverage as a League, ALL teams in the league must be insured through the program.

Please enter the sport and number of participants for each age range. Please note that some sports are rated on a "per team" basis and will default to 1 team if you are purchasing individual team coverage. If you are purchasing coverage for a league, repeat as many times as needed to schedule all of your participants/teams. If the age range of your team's participants does not match up with the age ranges that are provided for rating, please choose the age range that includes the age of our oldest participant.

Enter the Sport and Number of teams for each age group below:

Sports: _____	Ages: 6-9: _____	10-12: _____	13-15: _____	16-19: _____	19+: _____
Sports: _____	Ages: 6-9: _____	10-12: _____	13-15: _____	16-19: _____	19+: _____
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Sports: _____	Ages: 6-9: _____	10-12: _____	13-15: _____	16-19: _____	19+: _____

Hired & Non-Owned Auto:

Would you like to add Non-Owned and Hired Automobile coverages? ☐ Yes ☐ No

Do you have any owned automobiles that are used in your business? ☐ Yes ☐ No

Are all drivers (employee and volunteers) over the age of 18? ☐ Yes ☐ No

Do you obtain MVRs for employees and volunteers who drive on your behalf? ☐ Yes ☐ No

Will you be providing transportation for participants? ☐ Yes ☐ No

Do you confirm that all drivers (employee and volunteers) carry personal automobile liability insurance? ☐ Yes ☐ No

Number of employees and/or volunteers who will be driving either hired or non-owned auto on your behalf? _____

How much will you spend during the policy period for hired or leased vehicles? _____

Abuse/Molestation:

Would you like to add Abuse and Molestation coverage? ☐ \$25,000 Limit ☐ \$100,000 Limit ☐ No

Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses? ☐ Yes ☐ No

Do you routinely conduct background checks on all employees and volunteers working with youth? ☐ Yes ☐ No

Do you have written procedures for dealing with abuse? ☐ Yes ☐ No

Do you have procedures in place to prevent situations where participants are alone with an individual staff member?

☐ Yes ☐ No

Have you ever had an incident which results in allegation of sexual abuse? ☐ Yes ☐ No

FRAUD NOTICE

"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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

☐ Please check this box to confirm that you have read and agree to our fraud notice.

I hereby represent and confirm that I have read all of the questions and answers contained herein and that, to the best of my knowledge, the information is true and correct.

Date

Signature of Insured or Authorized Representative

Title

Send completed to:

Sports & Fitness Insurance Corporation

Phone: (800) 844-0536

Fax: (601) 707-1037

Email: submissions@sportsfitness.com