

## **Sports Tournaments & Events**

Policyholder Name:		
Address:		
City:	State:	Zip:
Contact Name:	Phone Number: _	
E-mail Address:		
Website (if applicable)		

Description of event and any ancillary activities:

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
Does your event include any of the following activities?	Yes	No

- Overnight accommodations or camping facilities
- Amusement rides, mechanical devices, rock climbing walls or inflatables
- Events involving animals other than service animals
- Serving, sale or distribution of any alcoholic beverages
- Motorsports events (including demolition derbies, mud bogs, tractor pulls, races and stunt shows)
- Fireworks/pyrotechnics
- Professional sports try-out, or training camp
- College or university championship event

Estimated Total Spectator Attendance:	(all days combined)	
Event Start Date: / /	_ Event Start Time:	
Event End Date: / /	Event End Time:	
Number of years this event has taken place:		



Please enter number of participants each sport you will have at your event (include coaches & officials) Pickleball \_\_\_\_\_ Baseball \_\_\_\_\_ Basketball Racquetball Soccer-Youth only \_\_\_\_\_ Bowling \_\_\_\_\_ Dance Competitive \_\_\_\_\_ Softball \_\_\_\_\_ Dance-Ballroom/Recreation \_\_\_\_\_ Swimming (pools only) \_\_\_\_\_ Tennis \_\_\_\_\_ Flag or Touch Football \_\_\_\_\_ Golf \_\_\_\_\_ Volleyball \_\_\_\_\_ Kickball \_\_\_\_\_ Walk/Run \_\_\_\_\_ Lacrosse \_\_\_\_\_ \*If sport is not listed, please contact <u>ron@sportsfitness.com</u> Age of participants Youth Adult Both Would you like to add Accident Medical Coverage to your policy? Yes No Would you like to increase your Accident Medical limit from \$25,000 to \$100,000? Yes No Location of the event: Name of venue: \_\_\_\_\_\_ Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ \* If multiple locations, please provide a list of all venues.