

**Section I - General Information (\*required field)**

Legal Name of Insured\*: \_\_\_\_\_

Doing Business as: \_\_\_\_\_

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

Physical Address of Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address of Organization\*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home or Work No\*: \_\_\_\_\_ Cell No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email\*: \_\_\_\_\_ Website: \_\_\_\_\_

Business Type\*:  Non-Profit  Individual  Partnership  LLC  Corp  Other \_\_\_\_\_

For-Profit Organizations: Annual Revenue \$ \_\_\_\_\_ Date Established \_\_\_\_\_

**Section II - Insurance Information**

Limit of Liability Requested:  \$1,000,000/\$3,000,000  Other \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

Any liability claims in last 5 years\*?  Yes  No If yes, please provide date, amount paid and brief description: \_\_\_\_\_

Limit of Accident Medical Requested:  \$100,000  \$50,000  \$25,000  Other \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

Any accident medical claims in last 5 years\*?  Yes  No If yes, please provide date, amount paid and brief description: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_ Proposed Expiration Date: \_\_\_\_\_

Which of the following sports does your organization offer? – Please check all that apply:

- |  |                                     |                                      |   |
|--|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Baseball          | <input type="checkbox"/> Basketball | <input type="checkbox"/> Camps (Day) | <input type="checkbox"/> Camps (Overnight)          |
| <input type="checkbox"/> Cheerleading      | <input type="checkbox"/> Cricket    | <input type="checkbox"/> Dodge Ball  | <input type="checkbox"/> Football (Flag/Touch)      |
| <input type="checkbox"/> Football (Tackle) | <input type="checkbox"/> Frisbee    | <input type="checkbox"/> Golf        | <input type="checkbox"/> Hockey-Specify Type: _____ |
| <input type="checkbox"/> Kick Ball         | <input type="checkbox"/> Lacrosse   | <input type="checkbox"/> Rugby       | <input type="checkbox"/> Soccer                     |
| <input type="checkbox"/> Softball          | <input type="checkbox"/> Swim       | <input type="checkbox"/> Swim/Dive   | <input type="checkbox"/> Tee-Ball                   |
| <input type="checkbox"/> Track & Field     | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling   | <input type="checkbox"/> Other: _____               |

**Section III - Underwriter Information - MUST COMPLETE**

1. Will you have a signed Release/Waiver on file for each participant? \*\*  Yes  No  
 Are parents'/guardians' signatures required for minors?  Yes  No  
\*\*A signed waiver and release form is required from all participants or parents of minors in order for participant liability coverage to apply.
  
2. Do you want Sexual Abuse & Molestation liability coverage added to the policy?  Yes  No  
 If "Yes", you must complete the SafeKids Program Guidelines form below, and coverage is contingent upon compliance with the program guidelines.
  
3. If you suspect an athlete has a concussion, will your action plan include the following?
  - A. Immediately removing the athlete from play or practice  Yes  No
  - B. Keeping the athlete out of play/practice until written clearance from a licensed physician is received.  Yes  No
  
4. Type of organization:
 

Individual Team                       League and/or Club                       Association
  
5. Does the organization host any Fundraisers and/or Special Events?  Yes  No  
 If yes, give full description of fundraisers and/or special event activities:

---

\*Special Events/Fundraisers must have underwriting approval for coverage to apply. \*

6. Is the insured seeking coverage for all participants within your organization?  Yes  No
7. Is the insured a school-sanctioned sports team or league?  Yes  No
8. Is the insured a municipality or a park and recreation division? \*1  Yes  No
9. Does the insured own or have 24-hour responsibility for facility or fields? \*2  Yes  No
10. Does the insured own, operate, or maintain any pools?  Yes  No
11. Do Cheerleaders perform pyramids of more than 1 ½ persons high?  Yes  No  N/A
12. Do Cheerleaders follow USASF, AACCA or NCA guidelines?  Yes  No  N/A
13. Are Cheer Coaches certified?  Yes  No  N/A
14. Are spring boards, trampolines or inflatables ever used?  Yes  No  N/A
15. Does the organization host camps or tournaments for non-league/member participants?  Yes  No  N/A  
 If yes, complete the attached camp/tournament supplement.

\*1. If the team or league is directly funded by or operated by a municipality or park & recreation department, coverage will only apply to the activities of the specific sports and age groups applying for coverage.

\*2. Responding 'yes' to this question means that the insured owns or is contractually responsible under a lease/agreement for the operation of a sports field(s) on a 24-hour basis.



**To be completed only if hosting Camps/Clinics/Tournaments that include participants /teams outside your organization. Please report only the number of participants and coaches that are NOT rostered participants within your organization.**

**SPORTS CAMPS, CLINICS and TOURNAMENTS SUPPLEMENT**

1. Camp  Clinic  Tournament
2. Will you have a written crisis management and medical emergency plan available to all coaches/staff and volunteers of camp, clinic or tournament?  Yes  No
3. List details of **all** sports/activities that will take place at your hosted event: \_\_\_\_\_  
\_\_\_\_\_

\*Any activities and/or events not listed and approved of by the insurance carriers will not be covered by this program, and any resulting claims will be denied. \*

4. Will your hosted event include any trips or activities away from the main location?  Yes  No  
If yes, submit complete details: \_\_\_\_\_

\*All trips made away from the main location must be reported and have underwriting approval. \*

5. Ages of participants: from \_\_\_\_\_ to \_\_\_\_\_
6. Are any of your attendees age 19 or over?  Yes  No

**DAY CAMPS, CLINICS OR TOURNAMENT EXPOSURE BASIS:**

(Complete exposure information for each camp/clinic or tournament being hosted by the insured.)

**Session #1**

Name and location of Event: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Camp/Clinic/Tournament: Yes  No  Overnight Camp/Clinic/Tournament: Yes  No

Number of Participants Daily: \_\_\_\_\_ Number of Coaches Daily: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Days \_\_\_\_\_

Camp/Clinic/Tournament days: (circle all that will apply)  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Describe the facility for overnight accommodations: \_\_\_\_\_

**Session #2**

Name and location of Event: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Camp/Clinic/Tournament: Yes  No  Overnight Camp/Clinic/Tournament: Yes  No

Number of Participants Daily: \_\_\_\_\_ Number of Coaches Daily: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Days \_\_\_\_\_

Camp/Clinic/Tournament days: (circle all that will apply)  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Describe the facility for overnight accommodations: \_\_\_\_\_

**MUST COMPLETE: Concussion Awareness-Prevention Guidelines**

The following constitute the policies of \_\_\_\_\_ (your organization) with regard to concussion awareness and prevention within our organization.

\_\_\_\_\_ is committed to maintain an adequate system and regularly promote a concussion awareness and safety recognition program, including, but not limited to, the online Concussion Course offered by the Center for Disease Control and Prevention. [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

\_\_\_\_\_ communicates, in writing (including by electronic means), our concussion awareness and safety recognition program to all participants, coaches, parents and involved parties.

\_\_\_\_\_ has a clear understanding of concussion and the potential consequences of the injury; recognizing concussion signs and symptoms and how to respond.

\_\_\_\_\_ is focused on prevention and preparedness to help participants stay safe and learn the steps for returning to activity after a concussion.

\_\_\_\_\_ will take the following 5 steps if we suspect a participant has a concussion:

- 1) Remove the athlete from play. Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, keep the athlete out of play.
- 2) Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion.
- 3) Recording the following information can help health care professionals in assessing the athlete after the injury:
  - Cause of the injury and force of the hit or blow to the head or body
  - Any loss of consciousness (passed out/knocked out) and if so, for how long
  - Any memory loss immediately following the injury
  - Any seizures immediately following the injury
  - Number of previous concussions (if any)
- 4) Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion. Make sure they know that the athlete should be seen by a health care professional who is experienced in evaluating for concussion.
- 5) Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says he/she is symptom-free, and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first concussion—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.

By signing this statement, I acknowledge that we have adopted this program and have incorporated it into our program guidelines.

Signature

Title

Date

Must complete this section if you answered "yes" to Sexual Abuse/Molestation/Abuse Liability Coverage in Section III.

### SafeKids Program Guidelines

The following constitute the policies of \_\_\_\_\_ (your organization) with regard to awareness and prevention of abuse within our organization.

- \_\_\_\_\_ is committed to provide a safe environment and to prevent child abuse and sexual misconduct.
- \_\_\_\_\_ will make every reasonable effort to ensure that every person involved in coaching/training a sport activity in our organization will abide by these SafeKids guidelines.
- \_\_\_\_\_ will make every reasonable effort to exclude any adult with a legally documented history of child abuse/molestation or any other conviction or record that would bring unnecessary risk to the health and safety of the participants of this organization.
- \_\_\_\_\_ will perform a National criminal background check on every person applying for a position (including volunteers) at our organization.
- \_\_\_\_\_ will take appropriate action on all allegations of child abuse and/or sexual misconduct. All allegations will be reported immediately to the authorities for investigation and our organization will cooperate fully with any such investigation.

The following represent the preventive measures of our organization with regard to abuse:

- Physical, mental, and verbal abuse of any of the participants, coaches, managers, employees, or volunteers involved in our sponsored activities is not permitted.
- Inappropriate touching of any kind is forbidden.
- We agree to provide more than one adult working at or overseeing every activity. If a child needs special attention (one -on-one training or an individual meeting), it will be handled with the assistance or presence of another adult.
- Coaches/trainers should not socialize with the participants outside of the sponsored activities of the organization.
- Coaches/trainers should never ride alone with a child or participant in a car. Procedures will be established for coaches to follow in the event a participant is stranded at an activity.
- Parents are encouraged to attend sponsored activities

By signing this statement, I acknowledge that we have adopted this program and have incorporated it into our program guidelines.

**Has your Organization, or its members, volunteers, coaches, trainers, or employees, been involved in, accused of, or convicted of a claim of Sexual Abuse, Physical Abuse, or Molestation?**

No       Yes

\*If yes, please attach explanation of the claim(s)

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*\*Sexual Abuse & Molestation Coverage is contingent upon satisfactory completion of this form and an underwriting check of the organization's liability, medical, and abuse history. Unreported claims could invalidate any Sexual Abuse & Molestation coverage under this policy.*

**Certificate of Insurance Request Form**

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

**ADDITIONAL INSURED INFORMATION - ALL INFORMATION REQUIRED**

Relationship:       Landowner       Lessor       Sponsor  
 Other (Describe: \_\_\_\_\_)

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Relationship:       Landowner       Lessor       Sponsor  
 Other (Describe: \_\_\_\_\_)

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

If more than two certificates are required, make copies of this form or list on a separate sheet of paper and include name, address and relationship of each additional insured.

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**eSportsInsurance**  
**Terry L. Green & Associates**  
**SPORTS INSURANCE SPECIALIST**  
**CONTACT UPDATE**

League or Team Name \_\_\_\_\_

We are updating association information. Please have someone with your organization complete the below information and fax to 770-978-2780.

PRESIDENT'S NAME \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

OFFICE PHONE# \_\_\_\_\_

FAX PHONE# \_\_\_\_\_

EMAIL: \_\_\_\_\_

OTHER CONTACT \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

OFFICE PHONE# \_\_\_\_\_

FAX PHONE# \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

***BOARD MEMBERS***

VICE PRESIDENT \_\_\_\_\_ PHONE# \_\_\_\_\_

EMAIL \_\_\_\_\_

TREASURER \_\_\_\_\_ PHONE# \_\_\_\_\_

EMAIL \_\_\_\_\_

SECRETARY \_\_\_\_\_ PHONE# \_\_\_\_\_

EMAIL \_\_\_\_\_



**MUST COMPLETE: MANDATORY FRAUD WARNING STATEMENTS BY STATE**

**ARKANSAS, LOUISIANA:**

"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."

**VIRGINIA, TENNESSEE, MAINE:**

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

**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."

**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."

**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."

**KENTUCKY:**

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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."

**NEW JERSEY:**

Insurance applications must contain this statement:

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

**NEW MEXICO:**

"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 CIVIL FINES AND CRIMINAL PENALTIES."

**NEW YORK:**

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

**OHIO:**

"Any person who, with intent to defraud or knowing that he 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."

**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."

**PENNSYLVANIA:**

Purpose of misleading "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Information - Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agent only: Please enclose a copy of your signed broker's agreement, license for the state of the insured and a current copy of your Errors & Omissions insurance certificate with a minimum limit of \$1,000,000, if coverage is to be bound.