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Return Completed form to:

P.O. Box 3870,
Glen Allen, Virginia 23058-3870
P: 800-431-1270 F: 804-527-7915

Amateur Sports Insurance
Application

Leagues / Camps / Clinics

Date Completed ___/___/___

SECTION 1 - GENERAL INFORMATION

Name of Insured: _____

Contact Name: _____ Title: _____

Location address: _____ Phone: _____ Fax: _____

City: _____ State: _____ ZIP: _____

Mailing Address: _____

City: _____ County: _____ State: _____ ZIP: _____

Applicant Is: [] Individual [] Corporation [] Partnership [] Non-Profit [] Other: _____

Years in Operation: _____ Web Address: _____ Email: _____

Organization Is: [] Team [] League [] Athletic Association [] State Association [] National Governing Body

Proposed Effective Date: _____ Proposed Expiration Date: _____

SECTION 2 - CURRENT COVERAGE

General Liability

Accident Medical

Ins. Company: _____ Ins. Company: _____

Limits: _____ Limits: _____

Occurrence: _____ Deductible: _____

Aggregate: _____ Aggregate: _____

Premium: _____ Premium: _____

Auto Included? [] Yes [] No Sexual Abuse Included? [] Yes [] No \$ Limits: _____

Have any of your policies or coverage's been declined, canceled, or non-renewed in the past 3 years? [] Yes [] No

If yes, please explain: _____

SECTION 3 - REQUESTED COVERAGES

[] Yes [] No Property (complete ACORD form) [] Yes [] No Sexual Abuse and Molestation

[] Yes [] No Crime (complete ACORD form) [] Yes [] No Directors' & Officers' Liability

[] Yes [] No Equipment (complete ACORD form) [] Yes [] No Hired and Non-Owned Auto

SECTION 4 – LOSS HISTORY

General Liability:

Any losses reported in the last 3 years Yes No If yes, please complete below or attach loss runs

| Dates | Amount Paid | Description: |
|-------|-------------|--------------|
| | | |
| | | |
| | | |

Accident Medical:

Any losses reported in the last 3 years Yes No If yes, please complete below or attach loss runs

| Dates | Amount Paid | Description: |
|-------|-------------|--------------|
| | | |
| | | |
| | | |

SECTION 5 - OPERATIONS INFORMATION

Are you a member of a national governing body? (i.e., Little League, Pop Warner, AAU) Yes No

If Yes, what organization? _____

If No, what rules and regulations are used (i.e. NCAA, high school, your own)? _____

Please include a copy of any of your own rules and regulations.

Are there any traveling teams? Yes No If Yes, how far? _____

Any overnight travel? Yes No If Yes, how often? _____

Who arranges overnight travel? _____

How many fields/facilities are utilized in the below?

Privately Owned: # _____ Location(s): _____

Municipality Owned: # _____ Location(s): _____

Organization Owned: # _____ Location(s): _____

Who is responsible for daily field/facility maintenance? Organization Landlord

Is the organization responsible for field/facility 24 hours a day? Yes No

Additional Insured Information:

Are any additional insureds required? Yes No If yes, please list names, addresses and relationships

Are certificates of insurance required? Yes No

SECTION 6 - CAMPS AND CLINICS

Do you conduct any sports camps/clinics? Yes No If no, please skip to **Section 9**

Is your program strictly instructional? Yes No

Or do you sponsor competition or tournaments? Yes No If yes, what sports? _____

What is your ratio of students to instructors? _____

Are the following activities offered to campers during recreational periods?

| | | | |
|--|--|-----------------------|--|
| Motorbikes, Motorcycles, Mini bikes, or All Terrain Cycles | <input type="checkbox"/> Yes <input type="checkbox"/> No | Trampolines | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rifle | <input type="checkbox"/> Yes <input type="checkbox"/> No | Waterskiing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tackle Football | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sail boarding/Sailing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Go Karts | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hockey | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Horseback Riding | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other: _____ | |

| SECTION 7- CAMPS / CLINICS CENSUS | |
|--|--|
| Day Camps _____ Youth _____ Adults | Resident Camps _____ Youth _____ Adults |
| Estimated number of campers per day: _____ | Estimated number of campers per day: _____ |
| Number of days per week camp is open: _____ | Number of days per week camp is open: _____ |
| Number of weeks per year camp is open: _____ | Number of weeks per year camp is open: _____ |
| If instructional, estimated number of hours per day: _____ | |

SECTION 8 – WATERFRONT INFORMATION

Do you use any Non-owned Watercraft in excess of 26' in length? Yes No **NO EXPOSURE**

Do you use owned/leased watercraft? Yes No Does the camp utilize watercraft for camping activities? Yes No

If yes, please explain type and number of vessels (motor boats: length and horsepower; sailboats: length).

Also give owner's name: _____ Does the camp utilize a pool? Yes No

Lake? Yes No Pool length: _____ ft. Pool depth: _____ ft. Are depth marking clearly indicated? Yes No

Number of diving boards: _____ Height of each: _____ ft. Number of sliding boards: _____ Type: _____

Height of each: _____ ft. Length of each: _____ ft. Depth of water where sliding board enters water: _____ ft.

Depth of water in diving area: _____ ft. How many water safety instructors are employed? _____

How many lifeguards are employed? _____ Who provides lifeguards? _____

Is the pool/spa compliant with the Virginia Graeme Baker Pool & Spa Safety Act? Yes No

If no, explain action plan and time table for compliance: _____

Do you use pools/spa owned by other entities? Yes No

If so, do you confirm compliance with the Virginia Graeme Baker Pool & Spa Act? Yes No

SECTION 9 – SPECIAL EVENTS

Do you have any fundraising activities? Yes No Annual receipts from fundraising: \$ _____

If yes, describe any fundraising activities: _____

Do you sell concessions? Yes No Annual receipts from concessions: \$ _____

If yes, is alcohol served? Yes No

Is there an organizational Booster Club? Yes No

If yes, are they a separate entity? Yes No Do they have separate coverage? Yes No

What are their specific activities? _____

If raising funds, do they conduct separate events other than those listed above? Yes No

Are there any other Special Events other than fundraisers? Yes No

If yes, please describe:

SECTION 10 – STAFFING

Are coaches certified? Yes No If yes, by whom? _____

Are coaches paid? Yes No If yes, by whom? _____

Are officials/referees certified? Yes No If yes, by whom? _____ Are officials paid? Yes No

Do you contract with any others for program services for any activities? Yes No If yes, explain: _____

What is your ratio of students to instructors? _____

Do you require a certificate of insurance from persons contracted? Yes No

Do you require background checks on all employees? Yes No Volunteers? Yes No

Do you require orientation/training for all employees? Yes No Volunteers? Yes No

SECTION 11 – RISK MANAGEMENT

Are all existing rules and regulations followed by each activity? Yes No

Is there a written safety program for each activity? Yes No If Yes, please attach a copy.

Do you require a signed release/waiver for all activities? Yes No If Yes, please attach a copy.

How long are releases/waivers retained? _____

Do you have safety and activity rules posted? Yes No

Do you have emergency evacuation procedures? Yes No

Is safety gear required for appropriate activities? Yes No

Do you require persons certified in First Aid and CPR onsite or immediately available at all times? Yes No

If no, how far away is the closest EMT response squad? _____

SECTION 12 – SEXUAL ABUSE INFORMATION

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

At employee & volunteer orientation/training, do you discuss child abuse and sexual abuse, how to recognize the signs, and what to do if a child reports someone molested him/her? Yes No

Do you have a written crisis management plan in place for dealing with members, employees, victims, parents, authorities, and media if you have an incident of abuse? Yes No

Do you require background checks on all employees? Yes No Volunteers? Yes No

Have you ever had an incident which resulted in an allegation of physical or sexual abuse? Yes No

If yes, please describe the allegation in full: _____

What was the outcome of the claim? _____

If damages were paid, what was the total amount? \$ _____

SPECIAL CONDITIONS

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium will be refunded.

FRAUD WARNING: 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 conceals for the purpose of misleading, 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 (\$5,000) and the stated value of the claim for each violation.

Applicant's Signature: _____ Date: _____

Name of Producer: _____ Agent number: _____

Producer City, State, Zip: _____

Telephone: _____ Fax: _____

