

AMATEUR SPORTS APPLICATION LEAGUES / CAMPS / CLINICS

SUBMISSION REQUIREMENTS

- Copy of Applicant's Accident & Health Policy
- Copy of Waiver of Liability Used
- Exposure Information Page (League or Camp/Clinic)

ACCOUNT INFORMATION

Applicant Name:

Address:

Web Site: www.

Email Address:

Contact Person (Billing):

Phone Number:

Contact Person (Loss Control):

Phone Number:

Risk Management Contact:

Risk Management's Phone:

Risk Management's Email:

Effective Dates Requested:

Annual Gross Revenues: \$

Months of Operation:

Is this an overnight camp?

Yes

No

For Profit:
Non Profit:

Individual

Partnership

Corporation

Association

Other:

Years this entity in business:

Years experience of this owner:

Are there procedures in place to verify that individuals and parent carry their own health insurance?

Yes

No

An Accident / Medical policy is required in order to provide participant liability coverage. Does the Applicant want an Accident / Medical quote provided?

Yes

No

**If yes, and the Applicant currently carries an Accident / Medical Policy, please include:

1. A copy of the current policy; and
2. 4 years of currently valued loss runs

**If yes, but the Applicant does not currently carry an Accident / Medical Policy, forward a signed and dated no known or reported loss letter or a letter listing all incidents and payments for the past 4 years.

GENERAL INFORMATION

1. Have of the Applicant's policies or coverages been declined, canceled, or non-renewed during the past 3 years?
2. Have any of the Applicant's directors, officers or employees been convicted of any crime within the past 10 years? **If yes, explain:**

Yes

No

Yes

No

UNDERWRITING INFORMATION

- | | | |
|---|-----|----|
| 1. Does the Applicant belong to any national, state, or local sports associations? | Yes | No |
| 2. Does the association have membership eligibility requirements? | Yes | No |
| 3. Is the Applicant or your staff certified by the association you belong to? | Yes | No |
| 4. Is the Applicant or your staff trained / certified in CPR or First Aid? | Yes | No |
| 5. Does the Applicant require a completed waiver from all Participants? | Yes | No |
| 6. Is a parent's signature required for minors? | Yes | No |
| 7. Does the Applicant have a written incident report procedure in place? | Yes | No |
| 8. Does the Applicant keep a log of all incidents? | Yes | No |
| 9. Does the Applicant have stated concussion protocol and/or guidelines? | Yes | No |
| If yes, please provide a copy. | | |
| 10. Are coaches, managers, trainers, officials, referees, statisticians or scorekeepers independent contractors that are paid a fee for their services? | Yes | No |
| 11. If yes, does the Applicant want to add them as additional insureds on your policy? (10% additional premium) | Yes | No |
| 12. Is the Applicant compliant with the Zackery Lystedt Law? (Only applicable in Washington) | Yes | No |
| 13. Does the Applicant have any inflatable, fabric or air supported structures such as, but not limited to, bubbles or domes? | Yes | No |
| 14. Does the Applicant have any Soccer goals? | Yes | No |
| If yes: | | |
| a. While on the field, are they secured / anchored to the ground?
If yes, how: | Yes | No |
| b. While in storage, are they secured to a structural section of the building?
If yes, how: | Yes | No |

CONCUSSIONS - ATHLETICS

- | | | |
|---|-----------|-----------------------|
| 1. Does the Applicant have a written concussion awareness and management program in place, and, where applicable, is it compliant with current state legislation? | Yes | No |
| If yes, does this include: | | |
| a. Understanding a concussion and the potential consequences of this injury? | Yes | No |
| b. Recognizing the signs and symptoms of a concussion or other closed head injury and how to respond? | Yes | No |
| c. Learning about steps for returning to activity after a concussion? | Yes | No |
| d. Focusing on prevention and preparedness to help keep participants safe? | Yes | No |
| *A copy of written program is required upon binding. | | |
| 2. Does the insured require all coaches, instructors and officials to complete the online Concussion Course offered by the Centers for Disease Control and Prevention? | Yes | No |
| 3. a. Does the insured communicate and distribute education materials to participants and / or parents / guardians of minors about the nature of risk of concussions, including but not limited to how to recognize concussion symptoms, in written or electronic form? | Yes | No |
| b. Does the insured require the participants and / or parents / guardians of minors to sign and acknowledgement that they have received and reviewed? | Yes | No |
| 4. If a concussion is suspected, does the Applicant require the participant to leave the game or practice immediately? | Yes | No |
| 5. Does the Applicant mandate that participants suspected of suffering a concussion can only return after at least 24 hours and with written clearance from a licensed physician before being allowed to return to play? | Yes | No |
| 6. Does the insured utilize base line testing? | Yes | No |
| 7. Does the Applicant currently utilize any concussion impact monitoring technology? | Yes | No |
| If yes: | | |
| a. Describe: | | |
| b. Advise the name of the manufacturer: | | |
| c. Advise who monitors the data: | | |
| Coaches | Employees | Volunteers |
| | | 3 rd Party |

FOOD & BEVERAGE

- | | | |
|---|-----|----|
| 1. Does the Applicant operate a concession stand? | Yes | No |
| 2. List types of foods / beverages sold: | | |

ABUSE & MOLESTATION

N/A

- | | | |
|--|-----|----|
| 1. Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? | Yes | No |
| 2. Does the Applicant's state permit them to do criminal background investigations? | Yes | No |
| If yes, does the Applicant's routinely request and receive such background investigations? | Yes | No |
| 3. Does the Applicant verify employment-related references? | Yes | No |
| 4. Does the Applicant conduct a personal interview? | Yes | No |
| 5. Does the Applicant have written procedures for dealing with sexual abuse?
If yes, please attach a copy. | Yes | No |
| 6. Will any independent contractors have access to children / clients or perform operations where they will be physically touching another person?
If yes:
a. Please explain: | Yes | No |
| b. Does the Applicant perform background checks on hired independent contractors? | Yes | No |
| 7. Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? | Yes | No |
| 8. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse?
If yes, please describe. | Yes | No |
| a. Was a claim made against the organization? | Yes | No |
| b. Was the case settled? | Yes | No |
| c. Was the case taken to trial? | Yes | No |
| d. How much money was paid as damages to victim? \$ | | |
| 9. Regarding coverage for abuse and molestation, does the Applicant's current program:
Exclude Coverage
Limit Coverage (please indicate limit): \$
Neither Exclude or Limit Coverage | | |
| 10. Please indicate age range of clients: From: To: | | |

ITEMIZED RECEIPTS

- | | |
|-----------------------------------|----|
| Participant Memberships: | \$ |
| Food and Non-Alcoholic Beverages: | \$ |
| Spectator Fees: | \$ |
| Alcoholic Beverages: | \$ |
| Other: (Please describe below): | \$ |

Notes for above answers:

If completed electronically, please select the applicable sport from the drop down list.

LEAGUE EXPOSURE INFORMATION			
Sport	Age Group	Number of Participants	Season Dates
Other:	12 & Under		Begins:
	13 - 16		
	17 - 18		Ends:
	19 & Older		
Sport	Age Group	Number of Participants	Season Dates
Other:	12 & Under		Begins:
	13 - 16		
	17 - 18		Ends:
	19 & Older		
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Other:	12 & Under		Begins:
	13 - 16		
	17 - 18		Ends:
	19 & Older		

CAMP / CLINIC / TOURNAMENT EXPOSURE INFORMATION						
Sport	Age Group	Number of Participants Per Day (P)	Number of Days * (D)	Total Number of Camper Days (P) x (D)	Camp / Clinic or Tournament Dates	Camp / Clinic or Tournament
Other:	12 & Under				Begins:	Camp / Clinic Tournament
	13 - 16				Ends:	
	17 - 18				Day or Overnight?	
	19 & Older				Day	Overnight
Sport	Age Group	Number of Participants Per Day (P)	Number of Days * (D)	Total Number of Camper Days (P) x (D)	Camp / Clinic or Tournament Dates	Camp / Clinic or Tournament
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	13 - 16				Ends:	
	17 - 18				Day or Overnight?	
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	19 & Older				Day	Overnight
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	13 - 16				Ends:	
	17 - 18				Day or Overnight?	
	19 & Older				Day	Overnight

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

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APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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 A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: 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 PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:
 Address of Applicant:
 City: State: Zip:
 Website: www:
 Nature of Operations:

1. Annual sales or revenue: \$

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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