



BOLLINGER SPORTS & LEISURE



RPS Bollinger Sports & Leisure Amateur Sports Insurance Application

Date Prepared: ____/____/____

General Information

Name of Insured: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____ E-mail Address: _____

Applicant is: Individual Corporation Partnership Other (describe) _____

Years in Operation: _____ Web Site Address: _____

Type of Organization: Team League Athletic Association State Association National Governing

Body Proposed Effective Date: ____/____/____ Proposed Expiration Date: ____/____/____

Current Coverage Information

General Liability

Ins. Company: _____

Limits: Per Occurrence _____

Aggregate _____

Current Rate _____

Annual Premium _____

Any losses in the last 3 years? Yes No

Accident Medical

Ins. Company: _____

Limit: _____

Deductible _____

Aggregate _____

Current Rate _____

Annual Premium _____

Any losses in the last 3 years? Yes No

If you have had any claims, please include complete loss history from your insurance company for all coverages.

Is Sexual Abuse Liability included? Yes No

Do you want Sexual Abuse Liability quoted? Yes No

Current Limit: _____

Please complete Sexual Abuse Information section on page 3.

Is Hired and Non-owned Auto coverage included? Yes No

Do you want Hired/Non-Owned Auto quoted? Yes No

Annual Auto Rental costs, if any: \$ _____

Is Host Liquor coverage included? Yes No

Do you want Host Liquor quoted? Yes No

Coverages Desired

Property* _____ Sexual Abuse and Molestation Liability _____ Business Auto* _____
Crime* _____ Hired and Non-owned Auto* _____ Excess Liability* _____
Equipment* _____ Directors' & Officers' Liability* _____ Cyber Liability* _____

***If yes, please submit Acord forms or contact RPS Bollinger for these coverages.**

General Program Information

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

If yes, what organization: _____

If not, what rules and regulations are used? (i.e., NCAA, FIFA, NFHS, High School, your own) _____

If you have developed your own rules of play, you must submit a copy with this application.

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

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

Is there a written safety program? Yes No

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

Do you utilize a waiver form? Yes No

The use of signed waivers is required for all insureds. Please submit a copy of the waiver used by your association.

Do you have any travel teams? Yes No If so, what is the maximum travel distance? _____

Any over night travel? Yes No How many nights per year? _____

If yes, please complete Sexual Abuse Information on page 3.

Who arranges overnight travel? _____

Fundraising/Booster Clubs

Please describe any fundraising activities _____

Annual Receipts from fundraising \$ _____

Do you operate concession stands? Yes No Annual Receipts from concessions \$ _____

Is there an organizational Booster Club? Yes No If yes, are they a separate legal entity? Yes No

If a separate legal entity, do they have separate liability coverage? Yes No

What are their specific activities? _____

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

If yes, please describe: _____ Annual receipts \$ _____

Do you host any Special Events other than fundraisers? If yes, please describe: _____

Fields/Facilities

How many fields/facilities are utilized? _____

Privately owned # _____ Owned by your organization # _____ Municipality owned # _____

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

Is your organization responsible for any 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 relationship to your organization.

Are certificates of insurance required? Yes No If yes, please list names and addresses. _____

Sexual Abuse Liability Underwriting

Does your employment and 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

Do you routinely request and receive background investigations on the following individuals? Employees Yes No
Volunteers Yes No

Do you discuss (at staff/volunteer orientations) child/sexual abuse prevention and awareness, including how to recognize the signs, and what to do if a member reports someone molested him/her, etc.? 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

Have you ever had an incident that 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? \$ _____

Please complete the appropriate section, if applicable.

Sports Camps and Clinics

1. Age of Campers: From: _____ to: _____

2. Are Parental Waivers and Releases of Liability obtained from each person? _____

If not, are you willing to put in a requirement for obtaining signed waivers from each camper? _____

3. Do you have a written Crisis Management Plan? _____ Written Emergency Medical Plan? _____

4. For overnight camps, describe your facilities for overnight accommodations:

School: _____ University/College: _____

5. Do all facilities conform to life safety and security code standard for dormitories? _____

6. What is your cost per camp per individual? _____

Day Camps and Clinics Exposure Basis

<u>Session Dates</u>	<u>(# of Participants/Day X # of Days)</u>	<u>=</u>	<u>Total Camper Days</u>	<u>Overnight (Y/N)</u>	<u>Name & Location of Camp</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Sponsored Tournaments Exposure Basis

<u>Tournament Dates</u>	<u># of Participants in Tournament</u>	<u>Youth or Adult</u>	<u>Name & Location of Tournament</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Concussion Supplement

Markel Agent Number: _____

Business Name: _____

Submission or policy number: _____

Does your concussion management include the following?

1. Compliance with the most recent applicable laws in your state(s) relating to concussion? Yes No

[State Laws on Traumatic Brain Injury](#)

2. A protocol for handling potential concussion events outlined as part of your emergency action plan? Yes No

3. Physicals prior to participation? Yes No

4. Use of headgear and other protective equipment that is approved by a recognized and authoritative certifying organization? N/A Yes No

5. Coaches completing a course that addresses concussion awareness and managing potential concussions prior to being allowed to coach? Yes No

6. A meeting or distribution of information where all coaches and volunteers are introduced to the basic principles of First Aid, and are therefore prepared to administer First Aid at all activities, including practices, games and tournaments. Yes No

7. Immediate removal of a participant who appears to have suffered a head injury or concussion? Yes No

8. Implementation of a program where prior to any activity, all of the following:

- Participants (youth and/or adult)
- Parents/legal guardians of youth participants
- Coaches

are provided with concussion-awareness education material, such as the free "Heads Up: Concussion in Youth Sports" program, and are required to sign an acknowledgement receipt. Yes No

- Information can be obtained at: <http://www.cdc.gov/HeadsUp/index.html>

- At minimum, review the following documents:

- Fact sheet for coaches on concussion
- Fact sheet for athletes on concussion
- Fact sheet for parents on concussion
- Clipboard with concussion facts for coaches

9. A Return-to-Play policy that requires any player who has sustained a head injury or who is suspected of having sustained a head injury to:

- Visit a licensed health care professional for evaluation and clearance, AND
- Sign (for youth players, have parent/legal guardian sign) a head injury information/awareness sheet before returning to practice or game play. Yes No

NOTE: This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____