



AMATEUR SPORTS ASSOCIATION INSURANCE APPLICATION

SUBMISSION REQUIREMENTS

- Completed signed / dated Supplemental Applications
- Completed ACORD Applications (Property, Auto and Umbrella Liability) if coverages requested
- Currently valued insurance company loss runs for the current policy period plus 4 prior years
- If other named insureds are to be included, attach list and describe operations of each

BROKER INFORMATION

Broker/Agency Name:				
Address:		City:	State:	Zip:
Contact Person:				
Contact Information:		Phone #:	Fax #:	
		E-Mail:	Website:	

GENERAL APPLICANT INFORMATION

Name of Insured:			Website:		
Insured Street Address:		City:	State:	Zip:	
Contact Person:					
Contact Information:		Phone #:	Fax #:		
		E-Mail:			
Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:
Insured Status:	<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit	Federal ID #:		
Date of Incorporation or Charter:		State where Charter or Corporation is filed:			
Name of Owner:					
Name of Insurance Contact:					

POLICY INFORMATION

Effective Date:	Expiration Date:	Quote Need By Date:
Has insured had insurance coverage previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide 5 years currently valued loss runs.		Have coverages ever been canceled or non-renewed during past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:

**Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000*

COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Type: Occurrence	Limit Amount	Aggregate	Other
General Liability				
Products, Completed Operations				
Personal & Advertising Injury				
Legal Liability				
Abuse & Molestation				
Liquor Liability				
Special Events				
Participant Legal Liability				
Other - Describe				



EVEREST



SPECIALTY INSURANCE GROUP™

ADDITIONAL INSURED – Provide name, description and business relationship

Additional Insured/Vendor Name	Description of the operations	Relationship to Insured

INSURANCE/UNDERWRITING INFORMATION

Number of Participants in this association:		Number of Minor Participants:	
Number of sanctioned events per year:		Number of Coaches:	
Number of Officials/Umpires:		Number of Volunteers:	
Number of Clubs/Teams:			
Does the insured promulgate sports rules?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide a copy of the rules and/or the website link where available			
Does the insured have any international exposure?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			
Are the insured's members subject to drug testing?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what entity conducts the drug testing?			
Is there a formal athlete injury control program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide copies of all written material in program			
Please provide details of the management experience (include number of years under present management):			
Describe in detail the nature of the operations:			
Are local, state and regional organizations involved in your organization?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is insurance to be extended to these groups on a blanket basis?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What activities are sanctioned by the insured?			
Explain the sanctioning procedures:			
In order to take part in a sanctioned event the insured requires:		<input type="checkbox"/> 100% membership in order to compete in an event <input type="checkbox"/> 100% membership in order to compete in an event but will allow trial members <input type="checkbox"/> Insured opens competitions to non-members	
Does the insured hold Participant Personal Accident Coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what limits are provided?			
Does the association have a formal athlete injury control program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide a copy of this program			
Are participants required to sign waivers and/or assumption of risk statements?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide a copy of each such document			
Who signs the waivers?			
When are the waivers signed?			
How long are the waivers kept?			
Where are the waivers stored?			
If a participant is under 18, are parents required to sign?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe the preparations the association takes for potential athlete injuries during competition and practice:			
Please describe how information is disseminated from the national level to the individual club/team (such as rule changes):			
Are all competition areas in compliance with state and local codes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:			



ABUSE AND MOLESTATION SECTION

Employment Practices: Hiring & Screening						EMPLOYEES	VOLUNTEERS
Do you have written procedures for screening?						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require employment applications or questionnaires for all employees and volunteers?						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the employment applications or volunteer questionnaires ask about past accusations or convictions including sex related offenses or child abuse?						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you check credentials and qualifications for employees and volunteers?						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you check prior employment and personal references?						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you conduct personal interviews with each candidate for employment or volunteer opportunity?						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you secure background checks on all employees and volunteers?						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please identify all background checks that are obtained:		<input type="checkbox"/> County Criminal	<input type="checkbox"/> State Criminal	<input type="checkbox"/> Federal Criminal	<input type="checkbox"/> SSN Verification	<input type="checkbox"/> Nationwide Sex Offender Registry	
Please provide a detailed explanation for all No answers above:							

Employment Practices: Policies and Procedures					
Do you have written policies and procedures for the prevention of abuse and handling of allegations?			<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide detailed explanation:		
How is the information transmitted to employees and volunteers? i.e. employee/volunteer handbook, orientation training, formal training, etc.					
Are records kept or files documented on the training?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please describe your incident reporting procedures:					
Business Operations:					
Do you have any custodial responsibilities for minors?			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide detailed explanation:		
How do you supervise employees/volunteers while they are engaged in the custody minors?					
Does your organization have any of the following exposures for minors:					
<input type="checkbox"/> Overnight travel	<input type="checkbox"/> Overnight accommodations	<input type="checkbox"/> Campgrounds	<input type="checkbox"/> Daycare	<input type="checkbox"/> Personal care of minors i.e. bathing, changing clothes, toileting	<input type="checkbox"/> Other:
Please indicate the age range of minors in your care or supervision:					
Do you require any contractors that have care or supervision over minors in your operation to carry abuse and molestation coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the required limits:					



Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:

1. Company loss runs currently valued for the past 5 years including current year	<input type="checkbox"/>
2. Copies of expiring policies including any manuscript forms	<input type="checkbox"/>
3. Detailed list of all insureds and their descriptions	<input type="checkbox"/>
4. Detailed list of all insured locations and their descriptions	<input type="checkbox"/>
5. List & description of any ancillary activities to be covered	<input type="checkbox"/>
6. Copies of all event brochures you participant in	<input type="checkbox"/>
7. Copy of all subcontractor agreements including certificates of insurance naming the Insured as an additional insured (liquor, pyrotechnics, security, product providers, etc.)	<input type="checkbox"/>
8. Copy of licensing agreement with any firm or manufacturer to provide products, souvenirs, apparel, etc.	<input type="checkbox"/>
9. Copy of adult and minor waiver and release and/or assumption of risk forms	<input type="checkbox"/>
10. Copy of your formal officials and/or coaches instruction program	<input type="checkbox"/>
11. Copy of all rule books and association manuals	<input type="checkbox"/>
12. Copy of your formal athlete injury control program	<input type="checkbox"/>
13. Copy of your procedures for screening employees and volunteers	<input type="checkbox"/>
14. Copy of your abuse and molestation policy and procedures	<input type="checkbox"/>

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name:

Title: _____ Date: _____

Producer Name: _____ License#: _____



THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.

STATE SPECIFIC FRAUD WARNINGS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

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 THE 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.

APPLICABLE IN 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.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

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 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 commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

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.

APPLICABLE IN OHIO

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

APPLICABLE IN 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.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.