Section I - General Information

Legal Name of Insured: _____

Doing Business as: _____

Contact Name: _____

Physical Address of Organization: _____

City: _____ State: _____ Zip: _____

Mailing Address of Organization: _____

City: _____ State: _____ Zip: _____

Office No: _____ Cell No: _____ Fax No: _____

Email: _____ Website: _____

Organization Type: ☐ Non-Profit ☐ For Profit ☐ Individual ☐ Partnership ☐ LLC ☐ Corp ☐ Other _____

Estimate Annual Revenue $ _____ Date Established _____

Section II - Insurance Information

Limit of Liability Requested: ☐ $1,000,000/$3,000,000 ☐ Other _____

Current Insurance Company: _____ Annual Premium: _____

Has the Liability Policy been declined, canceled or non-renewed during the past 3 years? ☐ Yes ☐ No

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 _____

Deductible Options: ☐ $0 ☐ $100 ☐ $250 ☐ $500 ☐ $1,000

Current Insurance Company: _____ Annual Premium: _____

Has the Accident Medical Policy been declined, canceled or non-renewed during the past 3 years? ☐ Yes ☐ No

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: _____

Section III - Underwriter Information - MUST COMPLETE

1. Does the organization need Sexual Abuse & Molestation liability coverage? ☐ Yes ☐ No
   If "Yes", you must complete the SafeKids Program Guidelines form. (Page 7)
2. Does the organization have a signed Release/Waiver on file for each participant? ☐ Yes ☐ No
   Are parents'/guardians' signatures required for minors? ☐ Yes ☐ No
   How long will the signed Release/Waiver be kept on file? _____
   ****A signed waiver and release form is required from all participants or parents of minors.**
3. Does the organization have a written safety program in place? ☐ Yes ☐ No
4. Does the organization have a written incident report procedure in place? ☐ Yes ☐ No
5. Does the organization keep a log of all incidents? ☐ Yes ☐ No
6. Does the organization require persons certified in First Aid and/or CPR to be immediately available at all games and/or practices? ☐ Yes ☐ No
7. Is a medical kit accessible in the pool area? ☐ Yes ☐ No
8. Is a backboard accessible in the pool area? ☐ Yes ☐ No
9. Is a life ring or rescue tube accessible in the pool area? ☐ Yes ☐ No
10. Is a certified lifeguard on duty during all pool hours? ☐ Yes ☐ No
    If no, are signs posted indicating if there are no lifeguards on duty? ☐ Yes ☐ No
11. Do you have regular monitoring of the pool area? ☐ Yes ☐ No
12. What is the Maximum depth of your pool? _____
13. Does the organization host any Fundraisers and/or Special Events? ☐ Yes ☐ No
    Give full description of fundraisers and/or special event activities:

    _____
    ***ALL Special Events/Fundraisers must have underwriting approval for coverage to apply.**
14. Is the organization seeking coverage for all participants within your organization? ☐ Yes ☐ No
15. Is the insured a school-sanctioned sports team or league? ☐ Yes ☐ No
16. Are any activities, practices and/or games held on private or residential property? ☐ Yes ☐ No
17. Is the insured a municipality or a park and recreation division? ☐ Yes ☐ No
    If the team or league is directly funded by or operated by a municipality or Parks & Rec. department, coverage will only apply to the activities of the specific sports and age groups applying for coverage.
18. Does the insured own or have 24-hour responsibility for the the facility or pool(s)? ☐ Yes ☐ No
    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.

19. Do you require that individuals below a certain age only enter pool area with a Coach/Parent/Guardian? ☐ Yes ☐ No
    If yes, is the requirement posted and visible? ☐ Yes ☐ No

20. Does the pool have diving blocks? ☐ Yes ☐ No
    If yes, does your team/league utilize the diving blocks? ☐ Yes ☐ No

21. Does the pool have diving board(s)? ☐ Yes ☐ No
    If yes, does your team/league utilize the diving boards? ☐ Yes ☐ No
    (The use or operation of diving boards is excluded from coverage.)

22. Does your facility have Waterslides, Sauna, Steam Room, Jacuzzi, Hot Tub, Whirlpool or Spas? ☐ Yes ☐ No
    If yes, does your team/league utilize any of these? ☐ Yes ☐ No
    (The use or operation of any of these exposures is excluded from coverage.)

23. Does the organization have any inflatable, fabric or air-supported structures such as, but not limited to: Bouncy Houses, Slides, Bubbles or Domes? ☐ Yes ☐ No
    If yes, does your team/league utilize any of these? ☐ Yes ☐ No
    (The use or operation of any of these exposures is excluded from coverage.)

24. Does the organization host camps/tournaments that allow non-league participants? ☐ Yes ☐ No
    If yes, complete the attached camp/tournament supplement on page 5.

PARTICIPANT CENSUS

Please report the number of participants per age group for each sport your organization offers separately.

Sport	Age Group	Number of Participants	Number of Teams	Season Start Date	Season End Date	Multiple Seasons?
EXAMPLE: Swimming	9 & under	25	1			
	10 to 12	50	2			
	13 to 15	75	3			
	16 to 18	0	0			
	19 & over	0	0			
	9 & under					
	10 to 12					
	13 to 15					
	16 to 18					
	19 & over					
	9 & under					
	10 to 12					
	13 to 15					
	16 to 18					
	19 & over					
	9 & under					
	10 to 12					
	13 to 15					
	16 to 18					
	19 & over					

SWIM CAMPS, CLINICS or TOURNAMENTS SUPPLEMENT

To be completed ONLY if your camps/clinics/tournaments include participants who are NOT rostered participants within your organization. Report ONLY the number of participants who are NOT rostered within your organization.

Session #1 Is this a: ☐ Day Camp ☐ Overnight/Resident Camp ☐ Clinic ☐ Tournament

Name of Camp/Clinic/Tournament: _____

Address: _____ City: _____ State: _____ Zip: _____

Number of Participants Daily: _____ Number of Coaches Daily: _____

Begin Date: _____ End Date: _____ Total Days: _____

***Please include Event Set up and Tear Down Dates if applicable.**

Event days: (check all that will apply) ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

1. 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. ***

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. 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. ***

4. Ages of participants: from _____ to _____
5. Are any attendees over the age of 19 years? ☐ Yes ☐ No
6. Describe the facility for overnight accommodations:

_____

Session #2 Is this a: ☐ Day Camp ☐ Overnight/Resident Camp ☐ Clinic ☐ Tournament

Name of Camp/Clinic/Tournament: _____

Address: _____ City: _____ State: _____ Zip: _____

Number of Participants Daily: _____ Number of Coaches Daily: _____

Begin Date: _____ End Date: _____ Total Days: _____

***Please include Event Set up and Tear Down Dates if applicable.**

Event days: (check all that will apply) ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

1. 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. ***

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. 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. ***

4. Ages of participants: from _____ to _____
5. Are any attendees over the age of 19 years? ☐ Yes ☐ No
6. Describe the facility for overnight accommodations:

_____

Concussion Awareness-Prevention
Underwriting Information

1. Does the organization have a written concussion protocol and/or guidelines in place? ☐ Yes ☐ No
2. Does the organization 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 an 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

   ***Please submit a copy of the organization's concussion guidelines/protocol upon binding.**
3. Are all coaches, instructors and officials required to complete a Concussion Awareness Course, such as the free online class offered by the CDC? ☐ Yes ☐ No
4. Does the organization communicate and distribute education materials to participants and parents/guardians of minors concerning the nature of risk of concussions including, but not limited to, how to recognize concussion symptoms? ☐ Yes ☐ No
5. Will the organization require the participants and parents/guardians of minors to sign an acknowledgement that they have received and reviewed the materials? ☐ Yes ☐ No
6. Does the organization utilize base line testing? ☐ Yes ☐ No
7. If a concussion is suspected, will the organization take the following actions?

   A. Immediately remove the athlete from play or practice. ☐ Yes ☐ No
   B. Keep the athlete out of play/practice at least 24 hours and only allowing return to play when written clearance from a licensed physician is received. ☐ Yes ☐ No

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 Centers for Disease Control and Prevention. **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 _____

SafeKids Program Guidelines

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

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.
- _____ will comply with California AB 506 requiring staff and volunteers of Youth Service Organizations to complete training in child abuse & neglect identification and reporting, and to undergo Live Scan background checks. The training requirement may be met by completing the online mandated reporter training provided by the Office of Child Abuse Prevention in the State Department of Social Services. ****This applies to all youth organizations in California. ****

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, 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.

Named Insured: ____________________

Address: ____________________ City: __________ State: ________ Zip: __________

ADDITIONAL INSURED / CERTIFICATE HOLDER INFORMATION

Certificate Holder / Additional Insured Name: ____________________

Complete Mailing Address: ____________________ City: __________ State: ________ Zip: ______

What is the relationship to your organization?

- ☐ Owner/Manager/Lessor of the premises (facility or venue)
- ☐ Sponsor
- ☐ Sports Governing Body
- ☐ Loss Payee (equipment/contents)
- ☐ Other: (Describe)

Is your organization required by contract to provide any of the following endorsements / forms?

- ☐ CG 20 26 – Additional Insured – Designated Person or Organization
- ☐ CG 20 04 – Waiver of Subrogation *Additional Premium will Apply
- ☐ Primary and Noncontributory Language *Additional Premium will Apply
- ☐ Other: ____________________

Certificate Holder / Additional Insured Name: ____________________

Complete Mailing Address: ____________________ City: __________ State: ________ Zip: ______

What is the relationship to your organization?

- ☐ Owner/Manager/Lessor of the premises (facility or venue)
- ☐ Sponsor
- ☐ Sports Governing Body
- ☐ Loss Payee (equipment/contents)
- ☐ Other: (Describe)

Is your organization required by contract to provide any of the following endorsements / forms?

- ☐ CG 20 26 – Additional Insured – Designated Person or Organization
- ☐ CG 20 04 – Waiver of Subrogation *Additional Premium will Apply
- ☐ Primary and Noncontributory Language *Additional Premium will Apply
- ☐ Other: ____________________

Certificate Holder / Additional Insured Name: ____________________

Complete Mailing Address: ____________________ City: __________ State: ________ Zip: ______

What is the relationship to your organization?

- ☐ Owner/Manager/Lessor of the premises (facility or venue)
- ☐ Sponsor
- ☐ Sports Governing Body
- ☐ Loss Payee (equipment/contents)
- ☐ Other: (Describe)

Is your organization required by contract to provide any of the following endorsements / forms?

- ☐ CG 20 26 – Additional Insured – Designated Person or Organization
- ☐ CG 20 04 – Waiver of Subrogation *Additional Premium will Apply
- ☐ Primary and Noncontributory Language *Additional Premium will Apply
- ☐ Other: ____________________

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 NAME _____ PHONE# _____

EMAIL _____

TREASURER NAME _____ PHONE# _____

EMAIL _____

SECRETARY NAME _____ PHONE# _____

EMAIL _____

Applicable in AL
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Applicable in AR, LA, MD, RI and WV
Any person who knowingly (or willfully) * presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO
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 DC
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 FL
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 KY
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.

Applicable in ME, TN, and WA
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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NM
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.

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

Applicable in NY
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 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.

Applicable in OH
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.

Applicable in OK
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 off a felony.

Applicable in PA
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.

Applicable in OR
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VA
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 benefits.

Warranty and Disclosure Statement: I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted I hereby warrant, represent, and confirm that, to the best of my knowledge, all information provided is complete, true, and correct.
I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term, I will make arrangements to pay the additional premium. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. The Insurance company reserves the right to decline/void any ineligible coverage.
I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Applicant Team Name (from page 1): _____

Applicant's Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency Information - Agency Name: _____ Agent Name: _____

Agent Phone: _____ Agent EMAIL: _____