

Winter Sports Association Application

Sports Liability/Accident Medical Application

Named Insured _____
(To be shown on policy declarations page)

Contact Person _____ **Title** _____ **Phone** _____ **Fax** _____

Mailing Address _____
City/State/Zip _____

Physical Address (if different than mailing) _____

Website _____ **Email** _____

Policy Term Effective Date: _____ **Expiration Date:** _____

TEAM / LEAGUE SPORTS:

Check Activity:

- League Team All Star Game/Tournament
 Other _____

Activity/SEASON Dates: _____

Sport/Activity	Age(s)	Number of Participants	Rate	Total Premium Due
Wrestling	Under 18		\$7.35	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is the Team/League/Club: Amateur College Semi Professional Professional

What type of security will be used? _____ (none, police, private, private armed, etc)

Total number of spectators at any individual event or location: _____

Estimated Gross Receipts: _____

CAMPS / CLINICS:

Check Type:

- Day Camp/Clinic Overnight Camp/Clinic

Activity/SEASON Dates: _____

Sport/Activity	Age(s)	Number of Participants	Rate	Total Premium Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is the Camp/Clinic/Tournament: Amateur College Semi Professional Professional

Number of Days for Coverage: _____

Total number of spectators at any individual event or location: _____

What type of security will be used? _____ (none, police, private, private armed, etc)

Will you be using any, pyrotechnics, or use of mechanical devices that will be ridden? _____

Does any volunteer, owner, coach or official have a criminal record, or has ever had a criminal record? _____

Have you had losses (due to liability claims) in the past five (5) years? _____ if YES please explain:

Have you ever filed for bankruptcy? _____

Have you ever had insurance Cancelled, or Non Renewed for any reason? _____

Does the applicant require certificate(s) of insurance? _____ Attached is a Certificate Request Form

Estimated Gross Receipts: _____

Coverage Afforded:

Limits of Liability: \$1,000,000 Per Occurrence with a \$2,000,000 Aggregate
(Standard General Liability Limits - Includes Athletic Participants & Staff. If higher limits are required please inquire with Mike Bloom mbloom@crgins.com or ddugdale@crgins.com)
Acc Medical Benefit / AD&D: \$25,000 / \$10,000
Minimum Premium: \$500

Optional Coverage (please complete the attached application for insurance):

Directors and Officers Liability including Employment Practices Liability (EPLI)
\$1,000,000 Directors and Officers and EPLI Limit
\$500 Retention

Please note **that eligibility for insurance coverage under this program requires that the applicant:**

- **Utilize a waiver and release (if you do not have one we will be happy to provide you one)**
- **Read and agree to the conditions and terms specified in the Operations Endorsement (attached)**

To the best of my knowledge and belief all statements made in this Application for Insurance are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that this Application shall be the basis of the contract, should a policy be issued.

Authorized Signature _____ **Date** _____

Print Name _____

Make Check Payable & Mail to:

**Commercial Risk Group, Inc.
1700 West Albany Suite 200
Broken Arrow OK 74012
P. 918.317.3200
F. 918.317.3205
mbloom@crgins.com
www.crgins.com**



AMATEUR YOUTH SPORTS DIRECTORS & OFFICERS INSURANCE APPLICATION

NOTICE: This professional liability coverage is provided on a "claims-made" basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

1. Does the applicant currently carry a D&O Policy other than from Philadelphia Insurance Companies? _____ **YES** _____ **NO (If YES, enclose a copy of the policy with this application.)**

2. Within the scope of this proposed insurance:
(a) There has not been any claim made, nor is there any now pending, against any corporation or persons proposed for this insurance, except as follows: **Check here if none(_____)**
(b) No corporation, director, officer or any other person proposed for this insurance has any knowledge or information of any breach of duty, error, misstatement, misleading misstatement or omission, which could rise to a claim against them, except as follows:
Check here if none(_____)

3. Has any corporation, director, officer or any persons proposed for this insurance been the subject of any suit, inquiry, complaint or Notice of Hearing, including, but not limited to, suits, inquiries, complaints or Notice of Hearing based upon or arising from charges of discrimination, sexual harassment or wrongful termination? _____ **YES** _____ **NO (If YES, provide details)**

4. Approximate sports organization revenues for current year \$ _____

Signature of Applicant:

Must be Partner or Officer* _____

Title _____ DATE _____
(PRESIDENT, CHAIRMAN OR EXECUTIVE DIRECTOR)

NOTICE

Any claim or incident: Disclosed herein; or of which any member of the applicant firm has knowledge prior to policy inception will not be afforded coverage under any policy which may subsequently be issued by and of the Philadelphia Insurance Companies.

Failure to report to your current insurance company any: claim made against you during your current policy term; or fact, circumstance or event of which your attorneys are aware, which may give rise to a claim BEFORE policy expiration, may create a lack of coverage.

This application would be considered a part of any policy which may be issued by Philadelphia Insurance Companies. The applicant's completion of this application does not obligate the insurer to provide an offer of coverage to the applicant.

Mail Application with Check to:
Commercial Risk Group, Inc.
1700 West Albany Suite 200, Broken Arrow OK 74012
P. 918.317.3200 F. 918.317.3205
www.crgins.com
mbloom@crgins.com