

Bollinger, Inc.

Amateur Sports Division
 101 JFK Parkway
 Short Hills, NJ 07078
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www.BollingerInsurance.com

Bollinger, Inc
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

Current Limit: _____

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

Annual Auto Rental costs, if any: \$ _____

Is Host Liquor coverage included? Yes No

Do you want Sexual Abuse Liability quoted? Yes No

Please complete Sexual Abuse Information section on page 3.

Do you want Hired/Non-Owned Auto quoted? 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 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 are 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

Please complete the Participant Census on page 4.

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.

Use additional sheet, if necessary.

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 which 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? \$ _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your applications, your premium payment will be refunded.

FRAUD WARNING: 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 (\$5,000) and the claim for each such violation.

Applicant's Signature _____ Date _____

Name of Broker _____

Broker City, State, Zip _____

Telephone Number (_____) _____

BOLLINGER AMATEUR SPORTS PROGRAM – UNDERWRITING INFORMATION

Sports Camps and Clinics

Please complete the appropriate section, if applicable.

Sports Camps and Clinics

1. Name of Camp: _____
2. Location of Camp: _____
3. Type of Camp: _____ Day/Commuter: _____ Overnight/Resident: _____
4. Age of Campers: From: _____ to: _____
5. Are Parental Waivers and Releases of Liability obtained from each participant? _____
If not, are you willing to put in a requirement for obtaining signed waivers from each camper? _____
6. Do you have a written Crisis Management Plan? _____ Written Emergency Medical Plan? _____
7. For overnight camps, describe your facilities for overnight accommodations: School: _____ University/College: _____
Other (Please Describe) _____
8. Do all facilities conform to life safety and security code standard for dormitories? _____

Day Camps and Clinics Exposure Basis

Session Dates	Name & Location of Camp/Clinic	# Days per Session	x	(# Coaches/Day	+	# Campers/Day)	=	Total Camper Days
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Overnight Camps and Clinics Exposure Basis

Session Dates	Name & Location of Camp/Clinic	# Days per Session	x	(# Coaches/Day	+	# Campers/Day)	=	Total Camper Days
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Certification

By signing this application, I hereby verify that the information provided is true and correct.

Applicant's Signature: _____ Print Name & Title: _____ Date: _____
Must be signed by an Officer of the Insured's Operation

Agent's Name (if any): _____ Agent's License #: _____