



BOLLINGER SPORTS & LEISURE



RPS Bollinger Sports & Leisure Tournament/Special Event 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

Organization is: For Profit Not For Profit FEIN _____

Proposed Effective Date: ___/___/___ Proposed Expiration Date: ___/___/___

Current Coverage Information

General Liability

Ins. Company _____

Limits:

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 yes, please include complete loss history for all coverages.

Hired and Non-owned Auto coverage included? Yes No

Annual Auto Rental costs, if any: \$ _____

Coverages Desired

Property* _____ Sexual Abuse and Molestation _____

Crime* _____ Hired and Non-owned Auto* _____

Equipment* _____ Directors' & Officers' Liability* _____

*If yes, please submit Acord forms 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, high school, your own) _____

A copy of any of your own rules and regulations MUST accompany 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 utilize a waiver form? Yes No **Waivers are required for all risks. Please submit a copy.**

Are there any traveling teams? Yes No If so, how far? _____

Any over night travel? Yes No How often? _____

Who arranges overnight travel? _____

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

Event information

Description of Event: _____

Date(s): _____

Time(s): _____

Total anticipated number of attendees: _____

Total anticipated number of attendees per day: _____

Total anticipated number of volunteers: _____

Total anticipated number of volunteers per day: _____

Do you sell concessions? Yes No

Is alcohol being served Yes No

If yes, by whom? _____

Has served provided proof of insurance, including liquor liability? Yes No

Revenue obtained from Admission Fees: \$ _____

Revenue obtained from Liquor Sales: \$ _____

Revenue obtained from Food/Concession Sales: \$ _____

Revenue obtained from Merchandise Sales: \$ _____

Are on of the following present at the event?

Amusement Rides Yes No

Climbing Walls Yes No

Fireworks Yes No

Food/Alcohol Vendors Yes No

Inflatables (bounce house, etc) Yes No

Other (Please describe) Yes _____ No

Fields/Facilities

How many fields/facilities are utilized:

Privately owned # _____ Organization owned # _____ Municipality owned # _____

Who is responsible for field/facility maintenance? Organization Landlord

Is the organization responsible for any field/facility 24 hours a day? Yes No

Name and address of hosting venue: _____

Seating capacity (if applicable:) _____

Seating type (if applicable:) _____

Additional Insured Information

Are any additional insureds required? Yes No If yes, please list names, addresses and relationships

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

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 Producer _____

Producer City, State, Zip _____

Telephone Number (____) _____

Participant Census

Sport	Age Group*	Number of Participants	Number of Teams	Number of Games	Season Start Date	Season End Date

*Age Groups: 12 and under, 13 to 15, 16 to 18, 19 and over

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

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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: _____