



BOLLINGER SPORTS & LEISURE



**RPS Bollinger Sports & Leisure
Sports Academy Application**

Date Prepared: ____/____/____

General Information

Name of Sports Academy _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____ E-mail Address _____

Applicant is: Individual Corporation Partnership Other _____
(describe)

Organization is: For Profit Not For Profit FEIN _____

Years in Operation _____ Web Site Address _____

Proposed Effective Date: ____/____/____ Proposed Expiration Date: ____/____/____

How did you hear about RPS Bollinger? _____

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

General Liability Yes No Required Limit _____

Sexual Abuse and Molestation Yes No Required Limit _____

Accident Insurance Yes No Required Limit _____

Hired and Non-owned Auto Yes No Required Limit _____

Equipment Yes No Required Limit _____

Crime Insurance Yes No Required Limit _____

General Program Information

Do you register some or all players with a National Sports Organization? (i.e., Little League, Pop Warner, AAU) Yes No

If yes, what organization and for what reason (tournaments?): _____

What rules and regulations do you use for league play? (i.e., NCAA, NFHS, your own?) _____

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

Do coaches/officials sign a contract indicating that they are independent contractors? 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 travel teams? Yes No If so, how far? _____

Any overnight 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

Academy Information

Do you have a website that advertises your business? Web Address: _____

Total annual academy revenue: _____

Do you sell concessions? Yes No

Revenue obtained from Food/Concession Sales: \$ _____

Revenue obtained from Merchandise Sales: \$ _____

Are any of the following used in your operation?

Amusement Rides Yes No

Climbing Walls Yes No

Fireworks Yes No

Food/Alcohol Vendors Yes No

Inflatables (bounce house, etc) Yes No

Swimming Pools Yes No

Other (Please describe) Yes No If Yes, _____

Fields/Facilities

How many fields/facilities are utilized:

Privately owned # _____ Organization owned # _____ 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

Name and address of this venue: _____

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 that 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? \$ _____

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 _____

If submitting on behalf of a client:

Name of Insurance Agent/Producer (if any) _____

Insurance Agent/Producer City, State, Zip _____

Insurance Agent/Producer Telephone Number _____

Participant Census

Operations	Ages	Number of Participants	Annual Revenue	Duration of Daily Session	Start Date	End Date
Individual Training						
Camps						
Clinics						
Tournaments						
Leagues by Sport						



BOLLINGER SPORTS & LEISURE

Markel Insurance Company



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: Yes No

- 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.

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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: _____

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