



BOLLINGER SPORTS & LEISURE

RPS Bollinger Sports & Leisure Booster Club Liability Insurance Program Application

General Information

Name of Insured _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

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

Years in Operation _____ Web Site Address _____

Proposed Effective Date: ____ / ____ / ____

Current Coverage Information

Who is your current insurance company? _____ What is your annual premium? _____

Have you had any losses in the last 5 years? If so, please provide details? _____

General Operation Details

How many members are part of your organization? _____

Briefly describe the purpose of your group? _____

What are your annual receipts? _____

Do you have any paid employees? _____

Is your booster club filed as a non-profit 501(c)(3)? _____

Does your booster club sponsor or operate day care? _____

Do you operate concession stands? Yes No Annual Receipts from concessions \$ _____

Do you have any sports activities? If so, please complete page 2. _____

Fundraising Details

Please list all fundraising activities for the year.

Event Name	Date of Event	Number of Members attending	Revenue Generated	Alcohol Involved?

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? \$ _____

Sports Camps, Clinics, League and Tournament Underwriting Information

Participant Census- Age Groups: 12& Under, 13 to 15, 16 to 18, 19& Over

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

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 _____