



BOLLINGER SPORTS & LEISURE



RPS Bollinger Sports & Leisure
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

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.

Is Sexual Abuse and Molestation included? [] Yes [] No

Limits: Occurrence _____

Aggregate _____

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

Fundraising/Booster Clubs

Please describe any fundraising activities _____

Annual Receipts from fundraising \$ _____

Do you sell concessions? 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 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 \$ _____

Any Special Events other than fundraisers? If yes, please describe: _____

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

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 relationships

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

Sexual Abuse Information

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, including how to recognize the signs, what to do if a member reports someone molested him/her, etc. at staff orientations? 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 resulting 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 Producer _____

Producer City, State, Zip _____

Telephone Number (____) _____

RPS Bollinger Amateur Sports Program-Underwriting Information

Sports Camps and Clinics

- € Name of Camp: _____
- F Location of Camp: _____
- G Type of Camp: _____ Day/Commuter: _____ Overnight/Resident: _____
- H 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 the 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 the safety and security code/standard for dormitories? _____
- 9. What is your cost per camp per individual? _____

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#: _____



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:

- 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: _____

MAGL 1022 02 15